

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

Heidi J. Meyers, Esq.
Law Office of Heidi J. Meyers
233 Broadway, Suite 801
New York, N.Y. 10279
(212) 791-4007
HM-9696

Maha Naim AL ADHADH
A#: 078-775-159 (Principal)
Petitioner,

v.

MICHAEL B. MUKASEY, Attorney
General of the United States;
MICHAEL CHERTOFF, Secretary of the
Department of Homeland Security;
ROBERT S. MUELLER III, Director of
the Federal Bureau of Investigations;
ROBERT DIVINE, Acting Director, U.S
Citizenship and Immigration Services;
ANDREA QUARANTILLO, Director of
the USCIS New York District Office;
DENNIS BUNCE, Section Chief, New
York Adjudication Section;
DEPARTMENT OF JUSTICE;
DEPARTMENT OF HOMELAND
SECURITY;
UNITED STATES CITIZENSHIP AND
IMMIGRATION SERVICES;
FEDERAL BUREAU OF
INVESTIGATION,

Respondents.

Case No *07 CV 10638*

**PETITION FOR REVIEW OF
APPLICATION FOR NATURALIZATION
PURSUANT TO INA § 336(b)**

COMES NOW Maha Naim Al Adhadh, Plaintiff, in the above-styled and numbered case, and for her cause of action would show the court the following:

1. This is a lawsuit brought by Maha Naim Al Adhadh, to obtain naturalization by this court pursuant section 336(b) of the Immigration and Naturalization Act, 8 U.S.C. § 1447(b), and mandamus to compel the Respondents to complete any required background checks. The United States Citizenship and Immigration Services (“CIS”) conducted the naturalization interview of Ms. Al Adhadh on April 27, 2006. Ms. Al Adhadh meets all of the statutory eligibility requirements for citizenship. There has been a delay of more than one year after her interview in adjudicating her application. This court has exclusive jurisdiction pursuant to INA § 336(b), 8 U.S.C. § 1447(b), to make a determination on her application for naturalization because it is more than 120 days after the naturalization interview. Petitioner requests that this Court review her application for naturalization de novo and order that her naturalization application be approved.

PARTIES

2. Petitioner is a lawful permanent resident of the United States of America. Ms. Al Adhadh resides in New York, New York.
3. Michael B. Mukasey, Attorney General of the United States, has been conferred the authority to naturalize persons as citizens of the United States by INA § 310(a) 8 U.S.C. § 1421(a), and is sued here in his official capacity.
4. Michael Chertoff is the Secretary of the Department of Homeland Security (“DHS”). As of March 1, 2003, DHS is the agency responsible for implementing the Immigration and Nationality Act. Within DHS, the United States Citizenship and Immigration Services (USCIS) is responsible for implementing the provisions under which lawful permanent residents can be naturalized and become United States citizens. Respondent Chertoff is sued in his official capacity.
5. Robert S. Mueller III is the Director of the Federal Bureau of Investigations, a component of the Department of Justice, and is sued in his official capacity. The FBI has responsibility to complete certain name checks, security checks and other background checks for USCIS and other federal agencies.
6. Robert Divine, is the Acting Director of the USCIS, and is generally charged with the administration of the benefits governed by the INA. INA § 103(c); 8 U.S.C. §1103(c).
7. Andrea Quarantillo is the New York District Director, and has overall responsibility for adjudication of naturalization applications for applicants living in New York.
8. Dennis Bunce, is the Section Chief for the naturalization unit for the New York District office, USCIS.

9. The U.S. Department of Justice is the agency of the United States government that, under the direction of the Attorney General, has authority to conduct background checks and security checks for individuals who are applying for naturalization.
10. The Department of Homeland Security is the agency of the United States government that is responsible for implementing the citizenship provisions of the law.
11. The United States Citizenship and Immigration Services (“USCIS”) is the component of DHS that is responsible for processing and adjudicating the applications for citizenship of permanent residents.
12. The Federal Bureau of Investigation is the federal agency with responsibility to complete certain name checks, security checks and other background checks for USCIS and other federal agencies.

JURISDICTION

13. This Court has jurisdiction pursuant to INA § 336(b), 8 U.S.C. § 1447(b) (jurisdiction over naturalization applications where there has been a delay of over 120 days after the naturalization interview); 28 U.S.C. § 1331 (federal question jurisdiction); 28 U.S.C. § 1361 (mandamus); 28 U.S.C. § 2201 (Declaratory Judgement Act); and 5 U.S.C. § 701 (Administrative Procedures Act).

VENUE

14. Venue in the Southern District of New York is appropriate pursuant to 28 USC §1391(e) because Petitioner resides within this District. She lives in New York County.

EXHAUSTION OF REMEDIES

15. Petitioner has exhausted her administrative remedies. Petitioner has made numerous inquiries concerning the status of her naturalization application to no avail.

STATEMENT OF FACTS

16. Petitioner is a native and citizen of Iraq. Petitioner’s father was killed by Saddam Hussein and Petitioner was granted refugee status, and entered the U.S. as a refugee.
17. Petitioner was admitted to lawful permanent residency as a refugee from Iraq to the United States on May 04, 2000. She has resided continuously in the United States since she obtained her lawful permanent resident status. See Exhibit A, copy of

greencard, I-94 card, approval for entry to US as Section 207 Refugee and refugee travel document.

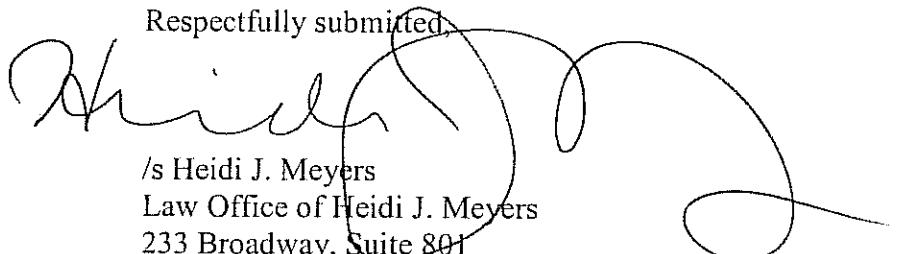
18. Petitioner is a licensed Medical Doctor who has recently completed her Residency in Internal Medicine at New York Downtown Hospital. See Exhibit B, resume, letter from American Board of Internal Medicine stating that she passed the certification exam in internal medicine, Bachelor Degree in Medicine and Surgery from Baghdad University, NYS License in Medicine and Surgery, ECFMG certificate, New York Downtown Hospital certificate for completion of residency in Internal Medicine
19. On August 25, 2005, Petitioner filed an application for naturalization with the U.S. Citizenship and Immigration Services. See Exhibit C, USCIS receipt notice for Form N-400 and Form N-400.
20. On September 23, 2005, USCIS took Petitioner's fingerprints for purposes of a background check. On information and belief, prior to the scheduling of her naturalization interview, USCIS submitted a request to the FBI for a criminal history background check. Petitioner appeared for an examination of her application for naturalization on April 27, 2006 at the New York USCIS Office. She passed the English, history and government tests and was found to meet the residence requirements for citizenship. See Exhibit D, Fingerprint notice dated September 07, 2005, and fingerprinting notice stamped that biometrics were taken on September 23, 2005. Form N-652, Naturalization Interview Results, dated 4/27/2006, stating that she passed the English, U.S. history and government tests and that USCIS will send her a written decision about her application. Letter from DAO Yim stating that her FBI name check has not cleared. Letter from USCIS dated May 16, 2007 stating that security clearances are still pending.
21. She possesses good moral character for the five-year period prior to her application and up to the present. She has filed federal tax returns each year. She has never been arrested. She meets all of the eligibility requirements for citizenship. See Exhibit E, federal income tax returns and Forms W-2 for 2001 - 2005
22. According to statements of USCIS, Petitioner's Application for Naturalization is still pending due to outstanding background security checks. More than one year has elapsed since the naturalization interview and no action has been taken by USCIS of Ms. Maha Al Adhadh's application for naturalization.
23. On May 16, 2007 Ms. Al Adhadh made an inquiry in regards to her naturalization application. On the same day, Ms. Al Adhadh received a letter from C. Hernandez, Immigration Information Officer from the New York Naturalization Section. The letter indicated that the naturalization application was still pending due to security checks.
24. Petitioner has exhausted all administrative remedies. She has the right to obtain this Court's *de novo* judicial review pursuant to INA § 310C, 8 U.S.C. § 1421(c), and to request a hearing.

REQUEST FOR RELIEF

WHEREFORE, Petitioner Maha Al Adhadh respectfully requests that this Court:

1. Assume jurisdiction over this matter;
2. Find that Respondent FBI has unreasonably and unlawfully delayed in completing the necessary background checks in a timely manner, and has unreasonably and unlawfully delayed in providing the results of background checks to the USCIS;
3. Direct that the USCIS and the FBI complete any and all necessary name checks or other background or security checks within 30 days, and promptly provide the results to USCIS;
4. Review *de novo* Petitioner's application for naturalization, determine that she meets all the requirements for citizenship, grant her naturalization, and direct that USCIS promptly schedule an oath ceremony and issue her Certificate of Citizenship;
5. If necessary, order that a hearing take place concerning her application of naturalization;
6. Award reasonable costs and attorney's fees pursuant to the Equal Access to Justice Act; and
7. Grant any and all further relief this Court deems just and proper.

Respectfully submitted,



/s Heidi J. Meyers
Law Office of Heidi J. Meyers
233 Broadway, Suite 801
New York, N.Y. 10007
(212) 791-4007
HeidiMeyers@juno.com

Attorney for Petitioner
Bar No. 2611630

Dated: November 26, 2007
New York, N.Y.

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----X

Maha Al Adhadh
A# 078-775-159

Petitioner,

v.

Michael Mukasey, Attorney General of the United States;
Michael Chertoff, Secretary of the Department of Homeland Security;
Robert Mueller, Director of the Federal Bureau of Investigations;
Robert Divine, Acting Director, U.S Citizenship and Immigration Services;
Andrea Quarantillo, Director of the USCIS New York District Office;
Dennis Bunce, Section Chief, New York Adjudication Section;
Respondents.

-----X

AFFIRMATION OF SERVICE

I, Heidi J. Meyers, an attorney admitted to practice law in the State of New York and the Southern District of New York, affirm the following under penalty of perjury:

On the 28th day of November, 2007, copies of the within **PETITION FOR REVIEW OF APPLICATION FOR NATURALIZATION** were served on the Respondent by delivering them by **HAND** to the following address and location:

U.S Attorney's Office
Southern District of New York
86 Chambers Street, 3rd Floor
New York, N.Y 10007

Andrea Quarantillo
Director of the USCIS New York District Office
26 Federal Plaza
New York, NY 10278

Dennis Bunce
Section Chief
New York Adjudication Section
26 Federal Plaza, Room 8-800
New York, NY 10278

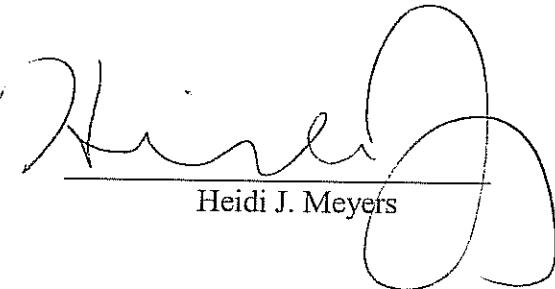
On the 27th day of November 2007, copies of the within **PETITION FOR REVIEW OF APPLICATION FOR NATURALIZATION** were served on the Respondent by **CERTIFIED MAIL** to the following addresses and location:

Michael Mukasey, Attorney General
United States Department of Justice
10th Street and Constitution Avenue Northwest
Washington, DC 20530

Michael Chertoff
Secretary
US Department of Homeland Security
Washington, DC 20528

Robert Mueller
Director of the Federal Bureau of Investigations
Federal Bureau of Investigation
J. Edgar Hoover Building
935 Pennsylvania Avenue, NW
Washington, D.C. 20535-0001

Robert Divine
Acting Deputy Director
U.S Citizenship and Immigration Services
20 Massachusetts Avenue, NW
Washington, DC 20529



A handwritten signature in black ink, appearing to read "Heidi J. Meyers", is written over a horizontal line. The signature is fluid and cursive, with a large, stylized 'H' on the left and a 'J' on the right.

Dated: New York, New York
November 27, 2007

Maha N. Al Adhadh, MD
 69 Gold Street 15F, NYC, NY 10038
 (646) 912-1850
 Dr.Maha@gmail.com

Education

| Year | Degree | Institution | |
|-------------|---------------|---|---------------|
| 1999 | M.D. | University of Baghdad College of Medicine | Baghdad, Iraq |

Internships and Residencies:

2004-2007 Resident in Medicine, New York Downtown Hospital New York City, NY

Licensure and Certification

| | |
|-----------|---|
| 2007 | New York License Pending |
| 2007 | Board Eligible, American Board of Internal Medicine |
| 2006-2008 | ACLS |
| 2002 | USMLE Step 1 (91) |
| 2003 | USMLE Step 2 (97) |
| 2005 | USMLE Step 3 (84) |
| 2007-2008 | NIH Stroke Scale Certification |

Professional Memberships

American Medical Association
 American College of Physicians

Research

1990 -1996 *Research Assistant* Studying the increase of Leukemia (AML) in Iraqi Children between ages 5-18

Languages

English and Arabic

References

Dr. Warren Licht, Program Director,
 Internal Medicine Residency, New York Downtown Hospital
 Warren.Licht@downtownhospital.org, Tel. 212 312 5770

Dr. Candido J. Anaya, Associate Program Director,
 Internal Medicine Residency, New York Downtown Hospital

Candido.Anaya@downtownhospital.org, Tel. 212 312 5770

Dr. Fabio Giron,
Division of Pulmonary and Critical Care, New York Downtown Hospital
Tel. 212 238-0100, Pager 1401

Dr. Roger Chung, Hospitalist
Department of Medicine, NY Downtown Hospital
rogermnc@yahoo.com, Tel. 212 312-5187,

PROMOTING EXCELLENCE
IN HEALTH CAREAmerican Board
of Internal Medicine510 Walnut Street | Suite 1700 | Philadelphia, PA | 19106-3699 | 215.446.3500 | FAX 215.446.3470 | E-MAIL request@abim.org

October 24, 2007

Donald E. Wesson, MD
*Chair*Richard J. Baron, MD
*Chair-Elect*Kenneth S. Polonsky, MD
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Research Analysis*Paul A. Poniatowski, MS
*Vice President
Test Development*F. Daniel Duffy, MD
*Senior Advisor
to the President*Dr. Maha Naim Al Adhadh
69 Gold Street Apartment 15F
New York, NY 10038-1883

Candidate Number: 280621

Dear Dr. Al Adhadh:

Congratulations! The Board is pleased to inform you that you passed the 2007 Certification Examination in Internal Medicine and are now certified as a Diplomate in Internal Medicine. Your certification will remain valid through the year 2017.

The following information regarding your certification is attached:

- Score Report
- Description of the Score Report
- Form to order your certificate(s)

The Board's Web site <www.abim.org> includes a page to verify certification status and information about the ABIM and its activities. The ABIM verification of certification web page has been updated to indicate that you are certified.

To ensure that you receive timely information from the Board about maintaining your certification, please notify us of any changes in contact information, including an e-mail address. You can update contact information online through the ABIM Web site.

Your name will be provided to the American Board of Medical Specialties for listing in *The Official ABMS Directory of Board Certified Medical Specialists*. You will receive a form from the ABMS, the publisher of the directory, soliciting the information to appear in your listing.

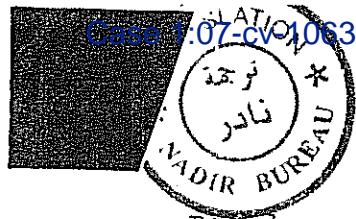
As a newly certified internist, you join a profession committed to life-long learning and quality improvement. These goals are embodied in the ABIM Maintenance of Certification (MOC) program. Details about the MOC program can be found on the ABIM Web site, and the Board will inform you by mail about your MOC status annually.

The Board wishes you continued success as a board certified internist.

Most sincerely,

Christine K. Cassel, M.D.

A MEMBER BOARD OF THE
AMERICAN BOARD OF
MEDICAL SPECIALTIES (ABMS)



Baghdad University

Based on what the Council of the College of Medicine presented and approved by the Council of Baghdad University

Maha Naim Hasan Al-Adhadh

was granted the Bachelor Degree in Medicine and Surgery with standing (Pass) and with that she has the right to enjoy all what this Degree entitles her of rights and privileges.

Written in Baghdad on the Twenty Seventh Day of the Month of Rabie Al-Awal of the Year One Thousand , Four Hundred and Twenty Hijri corresponding to the Tenth Day of the Month of July of the Year One Thousand , Nine Hundred and Ninety Nine A.D.

-Sgd., -

The Dean

Prof. Dr. Hikmet Hussain
Al-Shaarba

-5gd -

University President

Prof. Dr. Mousa Jawad Aziz
Al-Musaawi

TRANSLATED BY: Neurolab
Date: 29 JUN 2004

Date: _____

NIDHAL J. JAZRAWI

Sworn Translator

NADIR Bureau for Translation
Mustah Road Baghdad Iraq Tel.7196399

نضال جباري جزراوي

مذكرة حملة قانونية مجازة

١٩٧٩/١/٢٤ في ١٩٣ العدد

رَبِّ الْمَهْرَبِيْنَ الْمَعْلُومِيْنَ

عصو جديده المريجعى لـ

٧١١٣٥٩

بغداد - هاتف : ٦٦٦٦٦٦

-Sgd.- Prof. Dr. Huda Mahdi Al-Khateeb
Registration Director

19/5/2004

-Sgd.- Prof. Dr. Khalid Ibrahim Mousa
Assistant to the Dean

25/5/2004

Seal : Baghdad University /Deanery of the College of Medicine /
Registration

No. : 12176 Date : 10/7/1999

Seal : Presidency of Baghdad University /Legalizations

No. : 13895 Date : 14/6/2004

-Sgd.- Prof. Dr. Hatum Jabbar Attiya Al-Rubaie
Assistant /University President for Scientific Affairs

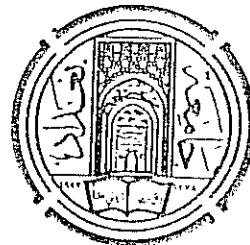
Seal : Ministry of Foreign Affairs /Consular Department /
Legalizations

No. : 17500 Date : 23/6/2004

We approve the correctness of the seal & signature of Baghdad
University & we are not responsible for the contents of the
document.

-Sgd.- Jamal Abdullah Al-Jabouri
For/The Minister

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



جامعة بغداد

بيان على ما عرضه مجلس كلية الطب
وأقره مجلس جامعة بغداد منحت
مهني فخيم حسن العضاف
درجة بكالوريوس في الطب والجراحة بتقدير ممتاز
حيثما أصبح لها من الشهادات ما يحكيها هذه الدرجة
من حقوق وامتيازات

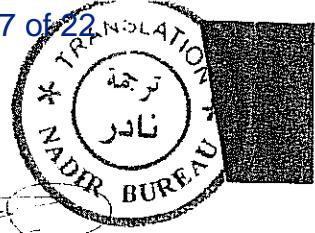
يعاد في اليوم السادس من شهر يونيو من سنة ألف وتسعين وأربعين
من شهر سبتمبر من سنة ألف وتسعين وأربعين ميلادية

Original Document in Arabic
seen and verified in this Office

NADER BUREAU

رئيس الجامعة
الأستاذ الدكتور مصطفى جعفر عاصم

العميد
صورة طباعة الأصل



جامعة بغداد

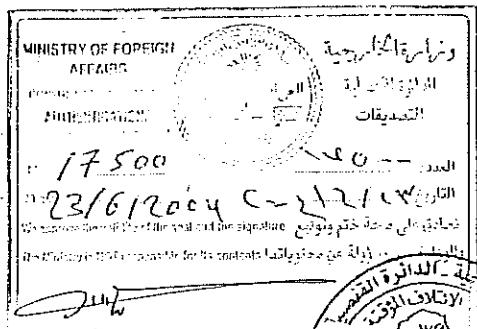
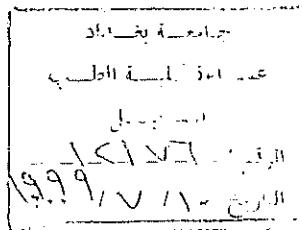
جامعة بغداد

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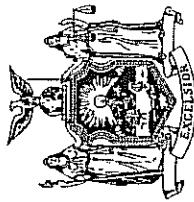
جامعة الزيتون الجبورى
AMA - AL GEBUR



الاستاذ الدكتور
احمد جبار عزيز الراعي
ممثل رئيس الامانة الفخرية للشؤون العلمية

٢٠٠٢/١٠/١٩

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT



BE IT KNOWN THAT

MAHA NAIM AL-ADHADH
MEDICINE AND SURGERY

HAVING GIVEN SATISFACTORY EVIDENCE OF THE COMPLETION OF PROFESSIONAL
AND OTHER REQUIREMENTS PRESCRIBED BY LAW IS QUALIFIED TO PRACTICE

IN THE STATE OF NEW YORK

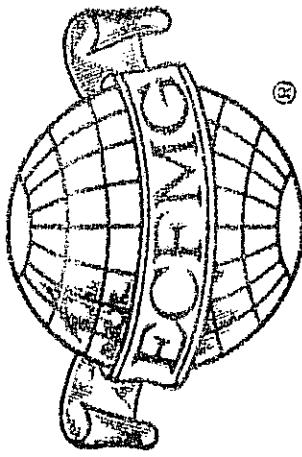
IN WITNESS WHEREOF THE EDUCATION DEPARTMENT GRANTS THIS LICENSE
UNDER ITS SEAL AT ALBANY, NEW YORK
THIS TWENTY-THIRD DAY OF OCTOBER, 2007.

R. H. Phillips
PRESIDENT OF THE UNIVERSITY
AND COMMISSIONER OF EDUCATION
LICENSE NUMBER
246581



John W. Wurff
ASSOCIATE COMMISSIONER
OFFICE OF THE PROFESSIONS
EXECUTIVE SECRETARY
STATE BOARD FOR
MEDICINE

EDUCATIONAL COMMISSION
FOR
FOREIGN MEDICAL GRADUATES



CERTIFIES THAT

MAHA NAIM AL ADHADH

HAS SATISFIED ALL THE REQUIREMENTS OF THE COMMISSION,
SUCCESSFULLY PASSED ITS EXAMINATIONS AND HAS BEEN AWARDED THIS CERTIFICATE.

CERTIFICATE NUMBER 0-644-719-7

MEDICAL SCIENCE

USMLE STEP 1

DECEMBER 12, 2002

USMLE STEP 2 CK

MAY 12, 2003

CLINICAL SKILLS

MAY 28, 2003

ECFMG CSA

VALID INDEFINITELY

ENGLISH TEST

MARCH 10, 2003

VALID INDEFINITELY

N. Lynn Blatz, M.D., Ph.D.

Chair, Board of Trustees

James A. Shulman, M.D.

President, Chief Executive Officer

DATE ISSUED JULY 9, 2004

NEW YORK
HOSPITAL
DOWNTOWN

The President & Trustees of

NEW YORK DOWNTOWN HOSPITAL

in affiliation with

WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY

Upon recommendation of the Attending Staff hereby certify that

Mahat Al Ameen, M.D.

HAS SUCCESSFULLY COMPLETED THE PRESCRIBED COURSE OF
PROFESSIONAL CLINICAL TRAINING WITH ABILITY AND INTEGRITY AS

Intern and Resident in Internal Medicine

from July 1, 2004 to June 30, 2007

In Witness Whereof THIS CERTIFICATE IS ISSUED, WITH THE SIGNATURES OF THE
CHAIRMAN OF THE BOARD OF TRUSTEES, THE PRESIDENT OF THE HOSPITAL, THE CHIEF
OF SERVICE AND THE SEAL OF THE INSTITUTION HEREUNTO AFFIXED.

*Given in the City of New York, in the one hundred fifty fifth year of the Hospital, this thirtieth day
of June, two thousand seven.*

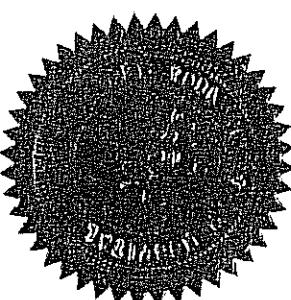

Mahat Al Ameen

Chairman, Board of Trustees

President & Chief Executive Officer


Peter W. Breen

Chief of Service





| | | | |
|--|----------------------------------|----------------------------------|-----------------------------------|
| Receipt | | | NOTICE DATE September 01, 2005 |
| CASE TYPE N400 Application For Naturalization | | | INS A# A 078 775 159 |
| APPLICATION NUMBER ESC*001478744 | RECEIVED DATE August 25, 2005 | PRIORITY DATE August 25, 2005 | PAGE 1 of 1 |

APPLICANT NAME AND MAILING ADDRESS

MAHA NAIM AL ADHADH
69 GOLD STREET APT 15 F
NEW YORK NY 10038

PAYMENT INFORMATION:

Single Application Fee: \$390.00
Total Amount Received: \$390.00
Total Balance Due: \$0.00

XXXXXXXXXXXX

The above application has been received by our office and is in process. Our records indicate your personal information is as follows:

Date of Birth: January 17, 1974
Address Where You Live: 69 GOLD STREET APT 15 F
NEW YORK NY 10038

Please verify your personal information listed above and immediately notify our office at the address or phone number listed below if there are any changes.

You will be notified of the date and place of your interview when you have been scheduled by the local INS office. You should expect to be notified within 540 days of this notice.

If you have any questions or comments regarding this notice or the status of your case, please contact our office at the below address or customer service number. You will be notified separately about any other cases you may have filed.

If you have other questions about possible immigration benefits and services, filing information, or INS forms, please call the INS National Customer Service Center (NCSC) at 1-800-375-5283. If you are hearing impaired, please call the NCSC TDD at 1-800-767-1833.

If you have access to the Internet, you can also visit INS at www.ins.usdoj.gov. Here you can find valuable information about forms and filing instructions, and about general immigration services and benefits. At present, this site does not provide case status information.

INS Office Address:
US IMMIGRATION AND NATURALIZATION SERVICE
75 LOWER WELDEN STREET
ST ALBANS VT 05479-

INS Customer Service Number:
(800) 375-5283

APPLICANT COPY



Print clearly or type your answers using CAPITAL letters. Failure to print clearly may delay your application. Use black or blue ink.

Part 1. Your Name (The Person Applying for Naturalization)

Write your INS "A" - number here:

A 78775159

4. Your current legal name.

Family Name (Last Name)

AL ADHADH

Given Name (First Name)

MAHA

Full Middle Name (If applicable)

NAIM

FOR INS USE ONLY

Bar Code

Date Stamp

Remarks

3. Your name exactly as it appears on your Permanent Resident Card.

Family Name (Last Name)

ADHADH

Given Name (First Name)

MAHA

Full Middle Name (If applicable)

NAIM

5. If you have ever used other names, provide them below.

Family Name (Last Name)

| | | |
|-------|-------|-------|
| ----- | ----- | ----- |
| ----- | ----- | ----- |

Given Name (First Name)

| |
|-------|
| ----- |
| ----- |

Middle Name

| |
|-------|
| ----- |
| ----- |

Action

6. Name change (optional)

Please read the Instructions before you decide whether to change your name.

1. Would you like to legally change your name? Yes No
2. If "Yes," print the new name you would like to use. Do not use initials or abbreviations when writing your new name.

Family Name (Last Name)

NAIM

Given Name (First Name)

MAHA

Full Middle Name

Part 2. Information About Your Eligibility (Check Only One)

I am at least 18 years old AND

A. I have been a Lawful Permanent Resident of the United States for at least 5 years.

B. I have been a Lawful Permanent Resident of the United States for at least 3 years, AND
I have been married to and living with the same U.S. citizen for the last 3 years, AND
my spouse has been a U.S. citizen for the last 3 years.

C. I am applying on the basis of qualifying military service.

D. Other (Please explain) _____

Part 3. Information About You

Write your IN " - number here:

A 7 8 7 7 5 1 5 9

A. Social Security Number B. Date of Birth (Month/Day/Year) C. Date You Became a Permanent Resident (Month/Day/Year)

6 1 3 - 1 9 - 0 2 7 0

0 1 / 1 7 / 1 9 7 4

0 5 / 0 4 / 2 0 0 0

D. Country of Birth

E. Country of Nationality

IRAQ

IRAQ

F. Are either of your parents U.S. citizens? (If yes, see Instructions)

 Yes No

G. What is your current marital status?

 Single, Never Married Married Divorced Widowed Marriage Annulled or Other (Explain) _____

H. Are you requesting a waiver of the English and/or U.S. History and Government requirements based on a disability or impairment and attaching a Form N-648 with your application?

 Yes No

Are you requesting an accommodation to the naturalization process because of a disability or impairment? (See Instructions for some examples of accommodations.)

 Yes No

If you answered "Yes", check the box below that applies:

I am deaf or hearing impaired and need a sign language interpreter who uses the following language: _____

I use a wheelchair.

I am blind or sight impaired.

I will need another type of accommodation. Please explain: _____

Part 4. Addresses and Telephone Numbers

Home Address - Street Number and Name (Do NOT write a P.O. Box in this space)

Apartment Number

69 Gold Street

15F

| City | County | State | ZIP Code | Country |
|----------|--------|-------|----------|---------|
| New York | U.S.A | NY | 10038 | U.S.A |

| Care of | Mailing Address - Street Number and Name (If different from home address) | Apartment Number |
|---------|---|------------------|
| | | |

| City | State | ZIP Code | Country |
|------|-------|----------|---------|
| | | | |

| Daytime Phone Number (If any) | Evening Phone Number (If any) | E-mail Address (If any) |
|-------------------------------|-------------------------------|-------------------------|
| (617) 877-7192 | (617) 877 7192 | DR.MAHA @Gmail.Com |

Part 5. Information for Criminal Records Search

Write your I- number here:

A 7 8 7 7 5 1 5 9

Note: The categories below are those required by the FBI. See Instructions for more information.

| | | |
|---|-----------------|------------|
| A. Gender | B. Height | C. Weight |
| <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | 5 Feet 3 Inches | 161 Pounds |
| D. Are you Hispanic or Latino? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| E. Race (Select one or more.) | | |
| <input checked="" type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | | |
| F. Hair color | | |
| <input type="checkbox"/> Black <input checked="" type="checkbox"/> Brown <input type="checkbox"/> Blonde <input type="checkbox"/> Gray <input type="checkbox"/> White <input type="checkbox"/> Red <input type="checkbox"/> Sandy <input type="checkbox"/> Bald (No Hair) | | |
| G. Eye color | | |
| <input checked="" type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Gray <input type="checkbox"/> Black <input type="checkbox"/> Pink <input type="checkbox"/> Maroon <input type="checkbox"/> Other | | |

Part 6. Information About Your Residence and Employment

I. Where have you lived during the last 5 years? Begin with where you live now and then list every place you lived for the last 5 years. If you need more space, use a separate sheet of paper.

| Street Number and Name, Apartment Number, City, State, Zip Code and Country | Dates (Month/Year) | |
|---|--------------------|---------|
| | From | To |
| Current Home Address - Same as Part 4.A | 07/2004 | Present |
| 24322 ALYSSUM PL, Valencia, CA 91354 /USA | 02/2004 | 06/2004 |
| 4202 Fourth Ave. #304, San Diego, CA 92103 /USA | 11/2003 | 02/2004 |
| 220 SPRING st. Medford, MA 02155 , USA | 06/2003 | 10/2003 |
| 9249 Village Glen Dr. #206 . San Diego, CA 92123, USA | 01/2003 | 05/2003 |

I. Where have you worked (or, if you were a student, what schools did you attend) during the last 5 years? Include military service. Begin with your current or latest employer and then list every place you have worked or studied for the last 5 years. If you need more space, use a separate sheet of paper.

| Employer or School Name | Employer or School Address (Street, City and State) | Dates (Month/Year) | | Your Occupation |
|---|---|-------------------------------|-------------------------------|-------------------------------------|
| | | From | To | |
| NYU Downtown Hospital | 170 William St. New York, NY 10038 | 07/2004 | Present | Medical Doctor |
| Coalition of Provincial Authority (CPA) | Baghdad - Iraq Republican Palace | 03/2004 | 06/2004 | Data analysis for Detainee's office |
| Emmee Shattuck Hospital | 170 Morton street Jamaica Plain, MA 02130 | 06/2003 | 09/2003 | Medical Extern |
| Grossmont Hospital | 5555 Grossmont C-DE. La Mesa, CA 91944 | 08/2001 07/2002 01/2003 | 02/2002 09/2002 01/2003 | Patient Specialist |
| Uiko Test Lab | 2006 Martin Ave. Santa Clara, CA 95050 | 01/2001 | 06/2001 | Quality Assurance |

Continued addressess

A 78-775-159

Maha AL Aledhel

4050 Third Ave. #308
San Diego, CA 92103

July 2001 - January 2003

461 Clifton Ave.
San Jose, CA 95128

December 2001 - July 2001

794 Park Court
Santa Clara, CA 95050

October 2000 - December 2000

3871 Mesa Dr. #204
Oceanside, CA 92065

July 2000 - Sept 2000

Maha Aledhel

**Part 7. Time Outside the United States
(Including Trips to Canada, Mexico, and the Caribbean Islands)**

Write your IN# - number here:

A 7 8 1 1 5 1 5 9

A. How many total days did you spend outside of the United States during the past 5 years? 257 days

B. How many trips of 24 hours or more have you taken outside of the United States during the past 5 years? 3 trips

C. List below all the trips of 24 hours or more that you have taken outside of the United States since becoming a Lawful Permanent Resident. Begin with your most recent trip. If you need more space, use a separate sheet of paper.

| Date You Left the United States (Month/Day/Year) | Date You Returned to the United States (Month/Day/Year) | Did Trip Last 6 Months or More? | Countries to Which You Traveled | Total Days Out of the United States |
|---|--|---|---------------------------------|-------------------------------------|
| 03/07/2004 | 06/24/2004 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | IRAQ | 107 |
| 09/01/2003 | 10/01/2003 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Canada | 30 |
| 09/03/2002 | 01/02/2003 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Canada | 120 |
| / / | / / | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| / / | / / | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| / / | / / | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| / / | / / | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| / / | / / | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| / / | / / | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Part 8. Information About Your Marital History

A. How many times have you been married (including annulled marriages)? 1 If you have NEVER been married, go to Part 9.

B. If you are now married, give the following information about your spouse: N/A

1. Spouse's Family Name (Last Name) Given Name (First Name) Full Middle Name (If applicable)

2. Date of Birth (Month/Day/Year) 1/1/ 3. Date of Marriage (Month/Day/Year) 1/1/ 4. Spouse's Social Security Number -----

5. Home Address - Street Number and Name Apartment Number

City State ZIP Code

Part 9. Information About Your Children

Write your "A"- number here:

A 7 8 7 5 1 5 9

A. How many sons and daughters have you had? For more information on which sons and daughters you should include and how to complete this section, see the Instructions.

N/A

Ø

B. Provide the following information about all of your sons and daughters. If you need more space, use a separate sheet of paper.

| Full Name of Son or Daughter | Date of Birth (Month/Day/Year) | INS "A"- number (if child has one) | Country of Birth | Current Address (Street, City, State & Country) |
|------------------------------|-----------------------------------|---------------------------------------|------------------|--|
| | | A | | |
| | | A | | |
| | | A | | |
| | | A | | |
| | | A | | |
| | | A | | |
| | | A | | |
| | | A | | |

Part 10. Additional Questions

Please answer questions 1 through 14. If you answer "Yes" to any of these questions, include a written explanation with this form. Your written explanation should (1) explain why your answer was "Yes," and (2) provide any additional information that helps to explain your answer.

A. General Questions

| | | |
|--|------------------------------|--|
| 1. Have you EVER claimed to be a U.S. citizen (<i>in writing or any other way</i>)? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. Have you EVER registered to vote in any Federal, state, or local election in the United States? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. Have you EVER voted in any Federal, state, or local election in the United States? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4. Since becoming a Lawful Permanent Resident, have you EVER failed to file a required Federal, state, or local tax return? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 5. Do you owe any Federal, state, or local taxes that are overdue? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 6. Do you have any title of nobility in any foreign country? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 7. Have you ever been declared legally incompetent or been confined to a mental institution within the last 5 years? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Part 10. Additional Questions (Continued)

Write your "A"- number here:
A 7 8 7 5 1 5 9

B. Affiliations

8. a. Have you EVER been a member of or associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other place? Yes No

b. If you answered "Yes," list the name of each group below. If you need more space, attach the names of the other group(s) on a separate sheet of paper.

| Name of Group | Name of Group |
|---------------|---------------|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

9. Have you EVER been a member of or in any way associated (*either directly or indirectly*) with:

a. The Communist Party? Yes No

b. Any other totalitarian party? Yes No

c. A terrorist organization? Yes No

10. Have you EVER advocated (*either directly or indirectly*) the overthrow of any government by force or violence? Yes No

11. Have you EVER persecuted (*either directly or indirectly*) any person because of race, religion, national origin, membership in a particular social group, or political opinion? Yes No

12. Between March 23, 1933, and May 8, 1945, did you work for or associate in any way (*either directly or indirectly*) with:

a. The Nazi government of Germany? Yes No

b. Any government in any area (1) occupied by, (2) allied with, or (3) established with the help of the Nazi government of Germany? Yes No

c. Any German, Nazi, or S.S. military unit, paramilitary unit, self-defense unit, vigilante unit, citizen unit, police unit, government agency or office, extermination camp, concentration camp, prisoner of war camp, prison, labor camp, or transit camp? Yes No

C. Continuous Residence

Since becoming a Lawful Permanent Resident of the United States:

13. Have you EVER called yourself a "nonresident" on a Federal, state, or local tax return? Yes No

14. Have you EVER failed to file a Federal, state, or local tax return because you considered yourself to be a "nonresident"? Yes No

Part 10. Additional Questions (Continued)

Write your I-A"- number here:

A 7 8 7 7 5 1 5 9

D. Good Moral Character

For the purposes of this application, you must answer "Yes" to the following questions, if applicable, even if your records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record.

15. Have you **EVER** committed a crime or offense for which you were NOT arrested? Yes No

16. Have you **EVER** been arrested, cited, or detained by any law enforcement officer (including INS and military officers) for any reason? Yes No

17. Have you **EVER** been charged with committing any crime or offense? Yes No

18. Have you **EVER** been convicted of a crime or offense? Yes No

19. Have you **EVER** been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)? Yes No

20. Have you **EVER** received a suspended sentence, been placed on probation, or been paroled? Yes No

21. Have you **EVER** been in jail or prison? Yes No

If you answered "Yes" to any of questions 15 through 21, complete the following table. If you need more space, use a separate sheet of paper to give the same information.

| Why were you arrested, cited, detained, or charged? | Date arrested, cited, detained, or charged (Month/Day/Year) | Where were you arrested, cited, detained or charged? (City, State, Country) | Outcome or disposition of the arrest, citation, detention or charge (No charges filed, charges dismissed, jail, probation, etc.) |
|---|--|--|---|
| | | | |
| | | | |
| | | | |

Answer questions 22 through 33. If you answer "Yes" to any of these questions, attach (1) your written explanation why your answer was "Yes," and (2) any additional information or documentation that helps explain your answer.

22. Have you **EVER**:

- a. been a habitual drunkard? Yes No
- b. been a prostitute, or procured anyone for prostitution? Yes No
- c. sold or smuggled controlled substances, illegal drugs or narcotics? Yes No
- d. been married to more than one person at the same time? Yes No
- e. helped anyone enter or try to enter the United States illegally? Yes No
- f. gambled illegally or received income from illegal gambling? Yes No
- g. failed to support your dependents or to pay alimony? Yes No

23. Have you **EVER** given false or misleading information to any U.S. government official while applying for any immigration benefit or to prevent deportation, exclusion, or removal? Yes No

24. Have you **EVER** lied to any U.S. government official to gain entry or admission into the United States? Yes No

Part 10. Additional Questions (Continued)

Write your "A"- number here:

A 1 8 4 7 5 1 5 9

E. Removal, Exclusion, and Deportation Proceedings

25. Are removal, exclusion, rescission or deportation proceedings pending against you? Yes No

26. Have you EVER been removed, excluded, or deported from the United States? Yes No

27. Have you EVER been ordered to be removed, excluded, or deported from the United States? Yes No

28. Have you EVER applied for any kind of relief from removal, exclusion, or deportation? Yes No

F. Military Service

29. Have you EVER served in the U.S. Armed Forces? Yes No

30. Have you EVER left the United States to avoid being drafted into the U.S. Armed Forces? Yes No

31. Have you EVER applied for any kind of exemption from military service in the U.S. Armed Forces? Yes No

32. Have you EVER deserted from the U.S. Armed Forces? Yes No

G. Selective Service Registration

33. Are you a male who lived in the United States at any time between your 18th and 26th birthdays in any status except as a lawful nonimmigrant? Yes No

If you answered "NO", go on to question 34.

If you answered "YES", provide the information below.

If you answered "YES", but you did NOT register with the Selective Service System and are still under 26 years of age, you must register before you apply for naturalization, so that you can complete the information below:

Date Registered (Month/Day/Year)

Selective Service Number

 / - - /

If you answered "YES", but you did NOT register with the Selective Service and you are now 26 years old or older, attach a statement explaining why you did not register.

I. Oath Requirements (See Part 14 for the text of the oath)

Answer questions 34 through 39. If you answer "No" to any of these questions, attach (1) your written explanation why the answer was "No" and (2) any additional information or documentation that helps to explain your answer.

34. Do you support the Constitution and form of government of the United States? Yes No

35. Do you understand the full Oath of Allegiance to the United States? Yes No

36. Are you willing to take the full Oath of Allegiance to the United States? Yes No

37. If the law requires it, are you willing to bear arms on behalf of the United States? Yes No

38. If the law requires it, are you willing to perform noncombatant services in the U.S. Armed Forces? Yes No

39. If the law requires it, are you willing to perform work of national importance under civilian direction? Yes No

Part 11. Your Signature

Write your S "A"- number here:

A 7 8 7 7 5 1 5 9

I certify, under penalty of perjury under the laws of the United States of America, that this application, and the evidence submitted with it, are all true and correct. I authorize the release of any information which INS needs to determine my eligibility for naturalization.

Your Signature

Date (Month/Day/Year)

Alma Cleland

0 8 1 5 1 2 0 0 5

Part 12. Signature of Person Who Prepared This Application for You (if applicable)

I declare under penalty of perjury that I prepared this application at the request of the above person. The answers provided are based on information of which I have personal knowledge and/or were provided to me by the above named person in response to the *exact* questions contained on this form.

N/A

Preparer's Printed Name

Preparer's Signature

Date (Month/Day/Year)

Preparer's Firm or Organization Name (if applicable)

Preparer's Daytime Phone Number

1 1

()

Preparer's Address - Street Number and Name

City

State

ZIP Code

Do Not Complete Parts 13 and 14 Until an INS Officer Instructs You To Do So**Part 13. Signature at Interview**

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this application for naturalization subscribed by me, including corrections numbered 1 through _____ and the evidence submitted by me numbered pages 1 through _____, are true and correct to the best of my knowledge and belief.

Subscribed to and sworn to (affirmed) before me

Officer's Printed Name or Stamp

Date (Month/Day/Year)

Complete Signature of Applicant

Officer's Signature

Part 14. Oath of Allegiance

If your application is approved, you will be scheduled for a public oath ceremony at which time you will be required to take the following oath of allegiance immediately prior to becoming a naturalized citizen. By signing, you acknowledge your willingness and ability to take this oath:

I hereby declare, on oath, that I absolutely and entirely renounce and abjure all allegiance and fidelity to any foreign prince, potentate, state, or sovereignty, of whom or which I have heretofore been a subject or citizen;
 that I will support and defend the Constitution and laws of the United States of America against all enemies, foreign and domestic;
 that I will bear true faith and allegiance to the same;
 that I will bear arms on behalf of the United States when required by the law;
 that I will perform noncombatant service in the Armed Forces of the United States when required by the law;
 that I will perform work of national importance under civilian direction when required by the law; and
 that I take this obligation freely, without any mental reservation or purpose of evasion; so help me God.

Printed Name of Applicant

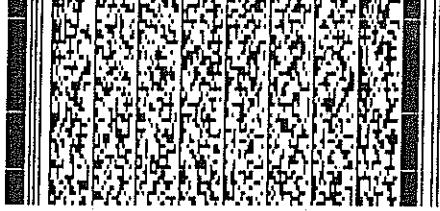
Complete Signature of Applicant



| | | | |
|--|----------------------------------|----------------------------------|-----------------------------------|
| Fingerprint Notification | | | NOTICE DATE September 07, 2005 |
| CASE TYPE N400 Application For Naturalization | | | INS # A 078 775 159 |
| APPLICATION NUMBER ESC#001478744 | RECEIVED DATE August 25, 2005 | PRIORITY DATE August 25, 2005 | PAGE 1 of 1 |

APPLICANT NAME AND MAILING ADDRESS

MAHA NAIM AL ADHADH
69 GOLD STREET APT 15 F
NEW YORK NY 10038



XXXXXXXXXXXXXX

To process your application, INS must take your fingerprints and have them cleared by the FBI. PLEASE APPEAR AT THE BELOW APPLICATION SUPPORT CENTER AT THE APPOINTED DATE AND TIME TO HAVE YOUR FINGERPRINTS TAKEN. If you are unable to appear at this time, you may go on any following Wednesday at the same time noted below, as long as you appear before 12/16/2005. If you do not have your fingerprints taken by that date, your application will be considered abandoned.

| | |
|---|--|
| APPLICATION SUPPORT CENTER INS NEW YORK VARICK ST. 201 VARICK STREET 1023 NEW YORK NY 10014 | DATE AND TIME OF APPOINTMENT 09/23/2005 12:00 PM |
|---|--|

WHEN YOU GO TO THE APPLICATION SUPPORT CENTER TO HAVE YOUR FINGERPRINTS TAKEN, YOU MUST BRING:

1. THIS APPOINTMENT NOTICE and
2. PHOTO IDENTIFICATION. Naturalization applicants must bring their Alien Registration Card. All other applicants must bring a passport, driver's license, national ID, military ID, or State-issued photo ID. If you appear without proper identification, you will not be fingerprinted.

PLEASE DISREGARD THIS NOTICE IF YOUR APPLICATION HAS ALREADY BEEN GRANTED.

WARNING!

Due to limited seating availability in our lobby areas, only persons who are necessary to assist with transportation or completing the fingerprint worksheet should accompany you.

If you have any questions regarding this notice, please feel free to call 1-800-375-5283.

BIOMETRICS PROCESSING STAMP

ASC SITE CODE: XNK
BIOMETRICS QA REVIEW BY:

ON
TENPRINTS QA REVIEW BY:

395084 ON 10/12/05

APPLICANT COPY



N-652, Naturalization Interview Results

On

you were interviewed by USCIS officer

A#

1877519
U.S. D.A.O. You passed the tests of English and U.S. history and government. You passed the tests of U.S. history and government and the English language requirement was waived. USCIS has accepted your request for a Disability Exception. You are exempted from the requirement to demonstrate English language ability and/or a knowledge of U.S. history and government. You will be given another opportunity to be tested on your ability to _____ speak/ _____ read/ _____ write _____ English. You will be given another opportunity to be tested on your knowledge of U.S. history and government. Please follow the instructions on Form N-14. USCIS will send you a written decision about your application. You did not pass the second and final test of your _____ English ability/ _____ knowledge of U.S. history and government. You will not be rescheduled for another interview for this Form N-400. USCIS will send you a written decision about your application.

A) _____ Congratulations! Your application has been recommended for approval. At this time it appears that you have established your eligibility for naturalization. If final approval is granted, you will be notified when and where to report for the Oath Ceremony.

B) _____ A decision cannot yet be made about your application.
It is very important that you:

 Notify USCIS if you change your address Come to any scheduled interview. Submit all requested documents. Send any questions about this application in writing to the officer named above. Include your full name, Alien Registration Number (A#) and a copy of this paper. Go to any Oath Ceremony that you are scheduled to attend. Notify USCIS as soon as possible in writing if you cannot come to any scheduled interview or Oath Ceremony. Include a copy of this paper and a copy of the scheduling notice.

NOTE: Please be advised that under section 336 of the Immigration and Nationality Act, you have the right to request a hearing before an immigration officer if your application is denied, or before the U.S. district court if USCIS had not made a determination on your application within 120 days of the date of your examination.

Waiting for Oath letter

Dear applicant,

Your FBI name check has not been cleared. The Service cannot approve your case until this name check process is cleared. After September 11, 2001, a new procedure has been implemented. All applicants who apply for citizenship need to go through a name/background check by FBI (Federal Bureau of Investigation). This is an additional procedure on top of the fingerprint clearance. The Immigration has not been informed by the FBI that there is a definite time frame for this procedure. It could take weeks or months or even years. This additional background check has nothing to do with any particular race, religion, sex, or ethnic group. All the applications will be closely watched and will be checked in a weekly basis. Once the check by FBI is cleared, you will be notified by letter.

Yours truly,

DAO Yim



Department of Homeland Security
Citizenship and Immigration Services

A078 775 159

26 Federal Plaza
New York, NY 10278

May 16, 2007

Maha Al Adhadh
69 Gold Street, 15-F
New York, NY 10038

Dear Applicant:

This will acknowledge receipt of your inquiry dated May 16, 2007 regarding the status of your application for naturalization.

Please be advised that your application is **pending receipt for security checks**. Upon receipt of all security checks, decision will be made on your application for naturalization.

We hope the information provided is helpful. Thank you for your patience and cooperation in this matter.

Sincerely,

C. Hernandez
Immigration Information Officer
Citizenship and Immigration Services
Naturalization Section
New York District

Form 9325
(Rev. January 2007)

(Rev January 2007)

Department of the Treasury — Internal Revenue Service

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for taking part in the IRS e-file Program.

MAHA AL-ADHADH
(Taxpayer Name)

613-19-0270

69 GOLD ST APT 15E
(Taxpayer Address optional)

NEW YORK NY 10038

PLEASE DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS submission processing center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS will notify your Electronic Return Originator (ERO) when they accept your return, usually within 48 hours. If your return wasn't accepted, the IRS will notify your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on 'Where's My Refund' then on 'Go Get My Refund Status.' Exception: If box 3 above is checked, please allow 4 to 6 weeks for processing of conditionally accepted returns. Also, you can call the IRS toll-free Tele-Tax return information number, 1-800-829-4477, to check the status of your refund. **You will need to know the first social security number shown on your return, your filing status, and the exact amount of the refund you expect.** Tele-Tax should give you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by Tele-Tax, or within one week of that date if you chose direct deposit. If you don't receive it by then, or if Tele-Tax does not give your refund information, call the IRS office at 1-800-829-1954.

If You Owe Tax

If your e-filed return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card while e-filing your return, no voucher is needed. To use your credit card to pay by phone or Internet, you may call, toll free, 1-800-2PAY-TAX(SM) (1-800-272-9829), or 1-888-PAY-1040(SM) (1-888-729-1040), or visit www.officialpayments.com or www.PAY1040.com. You may use a VISA(R) card, American Express(R) Card, Discover Card(R) or MasterCard(R) card. The service providers, based on the amount you are paying, will charge a convenience fee. The fees may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction.

If you are not paying electronically, you may use the payment voucher, Form 1040-V, you will receive in the mail or you can obtain a payment voucher from your electronic filer. If the IRS doesn't receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can't pay the amount in full, please complete Form 9465, Installment Agreement Request. You may electronically file Form 9465. To obtain a paper Form 9465, you may call 1-800-829-3676 or visit www.irs.gov. Mail the paper form to the address in the form's instructions.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You can call 1-888-353-4537, toll-free, to inquire about the status of an electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You will need the social security number of the first person listed on the tax return, the payment amount and the bank account number. Cancellation requests must be received no later than 8:00 p.m. Eastern Time, two business days prior to the scheduled payment date.

Refund Anticipation Loans

A refund anticipation loan is a loan made to you based on the refund you expect to receive. This loan is a contract between you and a lender. The IRS is not involved in this contract, can't grant or deny the loan, and can't answer any questions about it. If you have any questions about a refund anticipation loan, contact your electronic filer or the lender.

You have requested a refund check mailed to your home address.

You should expect your refund check to be mailed between 04/06/2007 and 04/13/2007**. Please see line 4 above - "Debt Indicator Code" - for further refund information.

**The IRS does not guarantee a specific date that a refund will be mailed to a taxpayer's home address.



New York State E-file Signature Authorization for Tax Year 2006 For Forms IT-150, IT-201, and IT-203

Electronic return originators (EROs) should not mail this form to the Tax Department.

Taxpayer's name: MAHA AL-ADHADH

Spouse's name: _____

(jointly filed return only)

Purpose

Form TR-579 must be completed to authorize EROs to enter the taxpayer personal identification number (PIN) as the electronic signature for electronic personal income tax returns or electronic funds withdrawals, or both.

General Instructions

Taxpayers must complete **Part A** before EROs transmit the taxpayers' electronically filed Forms IT-150, *Resident Income Tax Return (short form)*; IT-201, *Resident Income Tax Return (long form)*; or IT-203, *Nonresident and Part-Year Resident Income Tax Return*.

EROs must complete Part B prior to transmitting electronically filed income tax returns (Forms IT-150, IT-201, and IT-203).

For returns filed jointly, both spouses must complete and sign Form TR-579 and enter their five-digit PIN, or authorize the ERO to do so.

Do not mail Form TR-579 to the Tax Department.

EROs must keep this form for three years and present it to the Tax Department upon request.

This form is not required for electronically filed Forms IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1, *New York State Authorization for Electric Funds Withdrawal for Tax Year 2006 Form IT-370*.

Part A – Declaration of taxpayer and authorizations for Forms IT-150, IT-201, and IT-203

Under penalty of perjury, I declare that I have examined the information on my 2006 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, my electronic personal income tax return is true, correct, and complete. The ERO has my consent to send my 2006 New York State electronic personal income tax return to New York State through the Internal Revenue Service. I authorize the ERO to enter my PIN as my signature on my 2006 New York State electronic personal income tax return, or I will enter my PIN as my signature on my 2006 New York State electronic personal income tax return. If I am paying my New York State personal income taxes owed by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2006 electronic personal income tax return, and I authorize my financial institution to debit the entry to my account.

Enter the five-digit PIN used as the signature on the electronic return:

90270
(taxpayer)

(spouse)

Taxpayer's signature: _____

Date: _____

Spouse's signature: _____
(jointly filed return only)

Date: _____

Part B – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this taxpayer's 2006 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2006 New York State personal income tax return signed by a paid preparer, I declare that the information contained in the taxpayer's 2006 New York State electronic personal income tax return is identical to that contained in the paper return. If I am the paid preparer, under the penalty of perjury I declare that I have examined this 2006 New York State electronic personal income tax return, and to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: _____

Date: _____

Paid preparer's signature: _____

Date: _____

| Department of the Treasury — Internal Revenue Service Form 1040 U.S. Individual Income Tax Return 2006 | | | | (99) IRS Use Only — Do not write or staple in this space. | |
|--|---|---|---------------------------------------|--|--|
| Label (See instructions.) | For the year Jan 1 - Dec 31, 2006, or other tax year beginning , 2006, ending , 20 | | | | OMB No. 1545-0074 |
| | Your first name MAHA | | MI AL-ADHADH | Your social security number 613-19-0270 | |
| Use the IRS label. Otherwise, please print or type. | If a joint return, spouse's first name | | MI Last name | Spouse's social security number | |
| | Home address (number and street). If you have a P.O. box, see instructions. 69 GOLD ST | | Apartment no. 15F | You must enter your social security number(s) above. | |
| Presidential Election Campaign | City, town or post office. If you have a foreign address, see instructions. NEW YORK | | State NY ZIP code 10038 | Checking a box below will not change your tax or refund. | |
| | ► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions) ► | | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| Filing Status | 1 <input checked="" type="checkbox"/> Single | 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here . ► | | | |
| | 2 <input type="checkbox"/> Married filing jointly (even if only one had income) | 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions) | | | |
| | 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here . ► | | | | |
| Exemptions | 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a | 7 <input type="checkbox"/> Boxes checked on 6a and 6b 1 | | | |
| | b <input type="checkbox"/> Spouse | 8a <input type="checkbox"/> No. of children on 6c who: | | | |
| | c Dependents: | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs) | |
| | (1) First name | Last name | | <input type="checkbox"/> lived with you | |
| | | | | <input type="checkbox"/> did not live with you due to divorce or separation (see instrs) | |
| | | | | <input type="checkbox"/> Dependents on 6c not entered above | |
| | | | | Add numbers on lines above | |
| | d Total number of exemptions claimed | | | | 1 |
| Income | 7 Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 <input type="checkbox"/> 47,721. | | | |
| | 8a Taxable interest. Attach Schedule B if required | 8a <input type="checkbox"/> 572. | | | |
| | b Tax-exempt interest. Do not include on line 8a | 8b <input type="checkbox"/> | | | |
| | 9a Ordinary dividends. Attach Schedule B if required | 9a <input type="checkbox"/> | | | |
| | b Qualified dividends (see instrs) | 9b <input type="checkbox"/> | | | |
| | 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) | 10 <input type="checkbox"/> | | | |
| | 11 Alimony received | 11 <input type="checkbox"/> | | | |
| | 12 Business income or (loss). Attach Schedule C or C-EZ | 12 <input type="checkbox"/> | | | |
| | 13 Capital gain or (loss). Alt Sch D if reqd. If not reqd, ck here ► | 13 <input type="checkbox"/> | | | |
| | 14 Other gains or (losses). Attach Form 4797 | 14 <input type="checkbox"/> | | | |
| | 15a IRA distributions | 15a <input type="checkbox"/> b Taxable amount (see instrs) | | | |
| | 16a Pensions and annuities | 16a <input type="checkbox"/> b Taxable amount (see instrs) | | | |
| | 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 <input type="checkbox"/> | | | |
| | 18 Farm income or (loss). Attach Schedule F | 18 <input type="checkbox"/> | | | |
| | 19 Unemployment compensation | 19 <input type="checkbox"/> | | | |
| | 20a Social security benefits | 20a <input type="checkbox"/> b Taxable amount (see instrs) | | | |
| | 21 Other income | 21 <input type="checkbox"/> | | | |
| | 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ► | 22 <input type="checkbox"/> 48,293. | | | |
| Adjusted Gross Income | 23 Archer MSA deduction. Attach Form 8853 | 23 <input type="checkbox"/> | | | |
| | 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ | 24 <input type="checkbox"/> | | | |
| | 25 Health savings account deduction. Attach Form 8889 | 25 <input type="checkbox"/> | | | |
| | 26 Moving expenses. Attach Form 3903 | 26 <input type="checkbox"/> | | | |
| | 27 One-half of self-employment tax. Attach Schedule SE | 27 <input type="checkbox"/> | | | |
| | 28 Self-employed SEP, SIMPLE, and qualified plans | 28 <input type="checkbox"/> | | | |
| | 29 Self-employed health insurance deduction (see instructions) | 29 <input type="checkbox"/> | | | |
| | 30 Penalty on early withdrawal of savings | 30 <input type="checkbox"/> | | | |
| | 31a Alimony paid b Recipient's SSN ► | 31a <input type="checkbox"/> | | | |
| | 32 IRA deduction (see instructions) | 32 <input type="checkbox"/> | | | |
| | 33 Student loan interest deduction (see instructions) | 33 <input type="checkbox"/> | | | |
| | 34 Jury duty pay you gave to your employer | 34 <input type="checkbox"/> | | | |
| | 35 Domestic production activities deduction. Attach Form 8903 | 35 <input type="checkbox"/> | | | |
| | 36 Add lines 23 - 31a and 32 - 35 | 36 <input type="checkbox"/> | | | |
| | 37 Subtract line 36 from line 22. This is your adjusted gross income ► | 37 <input type="checkbox"/> 48,293. | | | |

Form 1040 (2006) MAHA AL-ADHADH

613-19-0270

Page 2

Tax and Credits**Standard Deduction for —**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$5,150

Married filing jointly or Qualifying widow(er), \$10,300

Head of household, \$7,550

| | | | |
|-----|--|----|---------|
| 38 | Amount from line 37 (adjusted gross income) | 38 | 48,293. |
| 39a | Check <input type="checkbox"/> You were born before January 2, 1942, <input type="checkbox"/> Blind. Total boxes checked ► 39a <input type="checkbox"/> | | |
| | if: <input type="checkbox"/> Spouse was born before January 2, 1942, <input type="checkbox"/> Blind. Total boxes checked ► 39b <input type="checkbox"/> | | |
| b | If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here ► 39b <input type="checkbox"/> | | |
| 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 6,602. |
| 41 | Subtract line 40 from line 38 | 41 | 41,691. |
| 42 | If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d | 42 | 3,300. |
| 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 38,391. |
| 44 | Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 | 44 | 6,151. |
| 45 | Alternative minimum tax (see instructions). Attach Form 6251 | 45 | |
| 46 | Add lines 44 and 45 | 46 | 6,151. |

| | | | |
|----|--|----|--|
| 47 | Foreign tax credit. Attach Form 1116 if required | 47 | |
| 48 | Credit for child and dependent care expenses. Attach Form 2441 | 48 | |
| 49 | Credit for the elderly or the disabled. Attach Schedule R | 49 | |
| 50 | Education credits. Attach Form 8863 | 50 | |
| 51 | Retirement savings contributions credit. Attach Form 8880 | 51 | |
| 52 | Residential energy credits. Attach Form 5695 | 52 | |
| 53 | Child tax credit (see instructions). Attach Form 8901 if required | 53 | |
| 54 | Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8839 c <input type="checkbox"/> Form 8859 | 54 | |
| 55 | Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form c <input type="checkbox"/> Form 8801 | 55 | |

| | | | |
|----|---|----|--------|
| 56 | Add lines 47 through 55. These are your total credits | 56 | |
| 57 | Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- | 57 | 6,151. |

Other Taxes

| | | | |
|----|---|----|--------|
| 58 | Self-employment tax. Attach Schedule SE | 58 | |
| 59 | Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 | 59 | |
| 60 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 60 | |
| 61 | Advance earned income credit payments from Form(s) W-2, box 9 | 61 | |
| 62 | Household employment taxes. Attach Schedule H | 62 | |
| 63 | Add lines 57-62. This is your total tax | 63 | 6,151. |

Payments

If you have a qualifying child, attach Schedule EIC.

| | | | |
|-----|---|-----|--------|
| 64 | Federal income tax withheld from Forms W-2 and 1099 | 64 | 7,116. |
| 65 | 2006 estimated tax payments and amount applied from 2005 return | 65 | |
| 66a | Earned income credit (EIC) | 66a | |
| b | Nontaxable combat pay election | 66b | |
| 67 | Excess social security and tier 1 RRTA tax withheld (see instructions) | 67 | |
| 68 | Additional child tax credit. Attach Form 8812 | 68 | |
| 69 | Amount paid with request for extension to file (see instructions) | 69 | |
| 70 | Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885 | 70 | |
| 71 | Credit for federal telephone excise tax paid. Attach Form 8913 if required | 71 | 30. |
| 72 | Add lines 64, 65, 66a, and 67 through 71. These are your total payments | 72 | 7,146. |

Refund

Direct deposit?

See instructions and fill in 74b, 74c, and 74d or Form 8888.

| | | | |
|-----|---|-----|------|
| 73 | If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid | 73 | 995. |
| 74a | Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/> | 74a | 995. |

| | | | | |
|---|----------------------|--------------------|---|--|
| b | Routing number | XXXXXXX | c | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| d | Account number | XXXXXXXXXXXXXXXXXX | | |

| | | | |
|----|---|----|--|
| 75 | Amount of line 73 you want applied to your 2007 estimated tax | 75 | |
|----|---|----|--|

Amount You Owe

| | | | |
|----|--|----|--|
| 76 | Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions | 76 | |
| 77 | Estimated tax penalty (see instructions) | 77 | |

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following. No

Designee's name ► Preparer

Phone no. ► Personal identification number (PIN) ►

Sign Here

Joint return?

See instructions.

Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|--|------|---------------------|----------------------|
| Your signature | Date | Your occupation | Daytime phone number |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | |

Paid Preparer's Use Only

| | | | |
|--|-----------------|--|----------------------------------|
| Preparer's signature ►  | Date 03/27/2007 | Check if self-employed <input checked="" type="checkbox"/> | Preparer's SSN or PTIN P00284649 |
| Firm's name (or yours if self-employed) ► 196 MAIN ST #204 | | EIN 22-2663919 | |
| address, and ZIP code MATAWAN | NJ 07747 | Phone no. | |

SCHEDULE A
(Form 1040)Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

OMB No. 1545-0074

2006

Attachment
Sequence No. 07

Name(s) shown on Form 1040

MAHA AL-ADHADH

Your social security number
613-19-0270► Attach to Form 1040.
► See Instructions for Schedule A (Form 1040).

| | | | | |
|--|--|---------|--------|--------|
| Medical and Dental Expenses | Caution. Do not include expenses reimbursed or paid by others. | | | |
| | 1 Medical and dental expenses (see instructions) | 1 | | |
| | 2 Enter amount from Form 1040, line 38 | 2 | | |
| | 3 Multiply line 2 by 7.5% (.075) | 3 | | |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | 4 | | |
| Taxes You Paid (See instructions.) | 5 State and local income taxes | 5 | 3,793. | |
| | 6 Real estate taxes (see instructions) | 6 | | |
| | 7 Personal property taxes | 7 | | |
| | 8 Other taxes. List type and amount ► | 8 | | |
| | 9 Add lines 5 through 8 | | 9 | 3,793. |
| Interest You Paid (See instructions.) | 10 Home mtg interest and points reported to you on Form 1098 | 10 | | |
| | 11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ► | | | |
| | ----- | 11 | | |
| | ----- | 12 | | |
| | 13 Investment interest. Attach Form 4952 if required. (See instrs.) | 13 | | |
| 14 Add lines 10 through 13 | | 14 | | |
| Gifts to Charity If you made a gift and got a benefit for it, see instructions. | 15 Gifts by cash or check. If you made any gift of \$250 or more, see instrs | 15 | 500. | |
| | 16 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 16 | 450. | |
| | 17 Carryover from prior year | 17 | | |
| | 18 Add lines 15 through 17 | | 18 | 950. |
| | 19 Casualty or theft loss(es). Attach Form 4684. (See instructions.) | | 19 | |
| Job Expenses and Certain Miscellaneous Deductions (See instructions.) | 20 Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► | | | |
| | ----- See Statement | 20 | 2,600. | |
| | 21 Tax preparation fees | 21 | 225. | |
| | 22 Other expenses — investment, safe deposit box, etc. List type and amount ► | 22 | | |
| | 23 Add lines 20 through 22 | 23 | 2,825. | |
| 24 Enter amount from Form 1040, line 38 | 24 | 48,293. | | |
| 25 Multiply line 24 by 2% (.02) | 25 | 966. | | |
| 26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- | | 26 | 1,859. | |
| 27 Other — from list in the instructions. List type and amount ► | | 27 | | |
| Other Miscellaneous Deductions | 28 Is Form 1040, line 38, over \$150,500 (over \$75,250 if married filing separately)? | | | |
| | <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40. | | | |
| | <input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter. | | | |
| 29 If you elect to itemize deductions even though they are less than your standard deduction, check here ► | | | | |

Form 2106-EZ

Unreimbursed Employee Business Expenses

OMB No. 1545-0074

2006

Attachment Sequence No. 54A

Department of the Treasury
Internal Revenue Service (99)

► Attach to Form 1040 or Form 1040NR.

Your name

MAHA AL-ADHADH

Occupation in which you incurred expenses

PHYSICIAN

Social security number

613-19-0270

You May Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You do not get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2006.

Caution: You can use the standard mileage rate for 2006 only if: (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part I Figure Your Expenses

| | | | |
|---|---|---|--------|
| 1 | Vehicle expense using the standard mileage rate. Complete Part II and multiply line 8a by 44.5¢ (.445) | 1 | |
| 2 | Parking fees, tolls, and transportation, including train, bus, etc, that did not involve overnight travel or commuting to and from work | 2 | 1,000. |
| 3 | Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment | 3 | |
| 4 | Business expenses not included on lines 1 through 3. Do not include meals and entertainment | 4 | |
| 5 | Meals and entertainment expenses: \$ _____ x 50% (.50) (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 75% (.75) instead of 50%. For details, see instructions.) | 5 | |
| 6 | Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 20 (or on Schedule A (Form 1040NR, line 9). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.) | 6 | 1,000. |

Part II Information on Your Vehicle. Complete this part only if you are claiming vehicle expense on line 1.

7 When did you place your vehicle in service for business use? (month, day, year) ►

8 Of the total number of miles you drove your vehicle during 2006, enter the number of miles you used your vehicle for:

a Business b Commuting (see instr) c Other

9 Do you (or your spouse) have another vehicle available for personal use? Yes No

10 Was your vehicle available for personal use during off-duty hours? Yes No

11a Do you have evidence to support your deduction? Yes No

b If 'Yes,' is the evidence written? Yes No

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 2106-EZ (2006)

Name(s) Shown on Return
 MAHA AL-ADHADH

Social Security Number
 613-19-0270

Employee Business Expenses – Subject to 2% Limitation

| | | | |
|----|--|----|----------------------|
| 1 | Unreimbursed employee expenses from Form 2106..... | 1 | 1,000. |
| 2 | Excluded expenses from Form 2555..... | 2 | |
| 3a | Qualified Educator Expenses | 3a | |
| b | Above the line Educator Expenses: (from Form 1040, line 23A) | 3b | |
| c | Excess Educator Expenses (line 3a less line 3b) | 3c | |
| 4 | Union and professional dues | 4 | |
| 5 | Professional subscriptions | 5 | |
| 6 | Uniforms and protective clothing | 6 | 250. |
| 7 | Job search costs | 7 | |
| 8 | Other: <u>MEDICAL BOOKS/SUPPLIES</u> <u>BUSINESS TELEPHONE</u> <u>LAUNDRY</u> | 8 | 500. 650. 200. |
| 9 | Total unreimbursed employee business expenses (combine lines 1 - 8) | 9 | 2,600. |

Miscellaneous Expenses – Subject to 2% Limitation

Investment
Expense



| | | | |
|----|--|----|--|
| 10 | Depreciation and amortization deductions | 10 | |
| 11 | Casualty/theft losses of property used in services as an employee..... | 11 | |
| 12 | REMIC expenses, from Schedule E | 12 | |
| 13 | Investment expenses related to interest and dividend income | 13 | |
| 14 | Deductions related to portfolio income, miscellaneous deductions, and excess deductions on termination, from Schedule(s) K-1 | 14 | |
| 15 | Miscellaneous deductions excluded on Form 2555..... | 15 | |
| 16 | Investment counsel and advisory fees | 16 | |
| 17 | Certain attorney and accounting fees | 17 | |
| 18 | Safe deposit box rental fees | 18 | |
| 19 | IRA custodial fees | 19 | |
| 20 | Loss incurred from total distribution of all traditional IRAs..... | 20 | |
| 21 | Loss incurred from total distribution of all Roth IRAs | 21 | |
| 22 | Other: _____ _____ _____ | 22 | |
| 23 | Total miscellaneous expenses (combine lines 10 through 22) | 23 | |

Other Miscellaneous Deductions – Not Subject to 2% Limitation

| | | | |
|----|--|----|--|
| 24 | Deductions related to portfolio income, from Schedule(s) K-1 | 24 | |
| 25 | Federal estate tax paid on decedent's income reported on this return | 25 | |
| 26 | Miscellaneous deductions excluded on Form 2555 | 26 | |
| 27 | Impairment-related expenses of a handicapped employee, from Form 2106.. | 27 | |
| 28 | Amortizable bond premiums on bonds acquired before 10/23/86..... | 28 | |
| 29 | Gambling losses (to the extent of gambling income) | 29 | |
| 30 | Casualty/theft losses of income-producing property | 30 | |
| 31 | Other miscellaneous deductions: _____ _____ _____ | 31 | |
| 32 | Total other miscellaneous deductions (combine lines 24 through 31) | 32 | |

2006

New York State Department of Taxation and Finance

IT-2

Summary of Federal Form W-2 Statements

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page. See instructions.

Do not attach your federal Form(s) W-2. Keep them for your records.

Taxpayer's first name and middle initial

MAHA

Taxpayer's last name

AL-ADHADH

Spouse's first name and middle initial

Spouse's last name

▼ Your social security number

613-19-0270

▼ Spouse's social security number

W-2
Record 1

Box c Employer's name and full address (including ZIP code)

NYU DOWNTOWN HOSP
59 MAIDEN LANE

NEW YORK

NY 10038

Box b Employer identification number (EIN)

13-3049852

This W-2 record is for

(mark an X in one box):

Taxpayer Spouse Box 1 Wages, tips, other compensation
47,721.

Box 12a Amount

▼ Code

Box 15 State

NY

Box 16 State wages, tips, etc (for NYS)

47,721.

Box 8 Allocated tips

Box 13 Statutory employee

▼ Code

Locality a

Box 17 New York State income tax withheld

2,326.

Box 9 Advance EIC payment

Box 14a Amount

▼ Description

Locality b

Box 20 Locality name

Locality a NYC

Box 10 Dependent care benefits

Box 14b Amount

▼ Description

Locality b

Box 11 Nonqualified plans

Box 14c Amount

▼ Description

Corrected (W-2c)

Do not detach.

W-2
Record 2

Box c Employer's name and full address (including ZIP code)

Box b Employer identification number (EIN)

Box 12a Amount

▼ Code

Box 15 State

Box 16 State wages, tips, etc (for NYS)

This W-2 record is for

(mark an X in one box):

Taxpayer Spouse

Box 1 Wages, tips, other compensation

Box 12d Amount

▼ Code

Locality b

Box 18 Local wages, tips, etc

Box 8 Allocated tips

Box 13 Statutory employee

Locality a

Box 19 Local income tax withheld

Box 9 Advance EIC payment

Box 14a Amount

▼ Description

Locality b

Box 20 Locality name

Locality a

Box 10 Dependent care benefits

Box 14b Amount

▼ Description

Locality b

Box 11 Nonqualified plans

Box 14c Amount

▼ Description

Corrected (W-2c)



Please file this original scannable form with the Tax Department.

If you or your paid preparer use software to produce this form, it might have a two-dimensional (2-D) barcode on the bottom of this page. It will appear as a rectangular-shaped object with very small boxes and white spaces. This barcode will be used to efficiently process your entries on this form.

1021061030



| | | | |
|-----------------------------|--|---|---|
| 1 | Wages, tips, other comp. 47721.35 | 2 | Federal income tax withheld 7116.41 |
| 3 | Social security wages 47721.35 | 4 | Social security tax withheld 2958.72 |
| 5 | Medicare wages, tips, and other comp. 47721.35 | 6 | Medicare tax withheld 691.96 |
| 8 | Control number 005919 73/PSV | Dept. 086330 | Corp. A |
| c | Employer's name, address, and ZIP code NEW YORK DOWNTOWN HOSPITAL 170 WILLIAM STREET NEW YORK NY 10038 | | |
| b | Employer's FEID/ID number 13-3049852 | d | Employee's SSA number 613-19-0270 |
| 7 | Social security tips | B Allocated tips | |
| 9 | Advance EIC payment | 10 Dependent care benefits | |
| 11 | Nonqualified plans | 12a See Instructions for box 12 | |
| 14 | Other | 12b | |
| | | 12c | |
| | | 12d | |
| | | 13 State emp/Ret. plan/Ret. plan/Ret. plan pay | |
| e/f | Employee's name, address and ZIP code | | |
| MAHA AL-ADHADH MD | | | |
| 69 GOLD STREET 15F | | | |
| NEW YORK NY 10038 | | | |
| 15 | State NY | 16 | Employee's state ID no. 13-3049852 |
| 17 | State income tax | 18 | State wages, tips, etc. 1256.64 |
| 19 | Local income tax | 20 | Local wages, tips, etc. 1387.88 |
| 21 Locality name NYC RES | | | |
| FED AND DEPART. HEP E | | | |

Form **9325**
(Rev November 2005)

Department of the Treasury — Internal Revenue Service

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

613-19-0270

Thank you for taking part in the IRS *e-file* Program. MAHA AL-ADHADHI
(Taxpayer Name)

69 GOLD ST APT 15F
(Taxpayer Address optional)

NIAGARA FALLS, NY 14303

NEW YORK NY 10038

PLEASE DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS submission processing center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS will notify your Electronic Return Originator (ERO) when they accept your return, usually within 48 hours. If your return wasn't accepted, the IRS will notify your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on 'Where's My Refund' then on 'Go Get My Refund Status.' Exception: If box 3 above is checked, please allow 4 to 6 weeks for processing of conditionally accepted returns. Also, you can call the IRS toll-free Tele-Tax return information number, 1-800-829-4477, to check the status of your refund. **You will need to know the first social security number shown on your return, your filing status, and the exact amount of the refund you expect.** Tele-Tax should give you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by Tele-Tax, or within one week of that date if you chose direct deposit. If you don't receive it by then, or if Tele-Tax does not give your refund information, call the IRS office at 1-800-829-1954.

If You Owe Tax

If your e-filed return has a balance due, you must pay the amount you owe by April 17th. If you paid by electronic funds withdrawal (direct debit) or by credit card while e-filing your return, no voucher is needed. To use your credit card to pay by phone or Internet, you may call, toll free, 1-800-2PAY-TAX^(SM) (1-800-272-9829), or 1-888-PAY-1040^(SM) (1-888-729-1040), or visit www.officialpayments.com or www.PAY1040.com. You may use a VISA^(R) card, American Express^(R) Card, Discover Card^(R) or MasterCard^(R) card. The service providers, based on the amount you are paying, will charge a convenience fee. The fees may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction.

If you are not paying electronically, you may use the payment voucher, Form 1040-V, you will receive in the mail or you can obtain a payment voucher from your electronic filer. If the IRS doesn't receive your payment by April 17th, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can't pay the amount in full, please complete Form 9465, Installment Agreement Request. You may electronically file Form 9465. To obtain a paper Form 9465, you may call 1-800-829-3676 or visit www.irs.gov. Mail the paper form to the address in the form's instructions.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You can call 1-888-353-4537, toll-free, to inquire about the status of an electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You will need the social security number of the first person listed on the tax return, the payment amount and the bank account number. Cancellation requests must be received no later than 8:00 p.m. Eastern Time, two business days prior to the scheduled payment date.

Refund Anticipation Loans

A refund anticipation loan is a loan made to you based on the refund you expect to receive. This loan is a contract between you and a lender. The IRS is not involved in this contract, can't grant or deny the loan, and can't answer any questions about it. **If you have any questions about a refund anticipation loan, contact your electronic filer or the lender.**

You have requested a refund check mailed to your home address.
 You should expect your refund check to be mailed by 04/14/2006**.
 Please see line 4 above - "Debt Indicator Code" - for further refund information.

**The IRS does not guarantee a specific date that a refund will be mailed to a taxpayer's home address.

Form 1040

Department of the Treasury — Internal Revenue Service

U.S. Individual Income Tax Return

2005

(99) IRS Use Only — Do not write or staple in this space.

Label
(See instructions.)**Use the IRS label.**
Otherwise,
please print
or type.**Presidential
Election
Campaign**

| | | | | |
|--|--|--------------|----------------------------|--|
| For the year Jan 1 - Dec 31, 2005, or other tax year beginning | | 2005, ending | 20 | OMB No. 1545-0074 |
| Your first name MAHA | | MI | Last name AL-ADHADH | Your social security number 613-19-0270 |
| If a joint return, spouse's first name | | MI | Last name | Spouse's social security number |
| Home address (number and street). If you have a P.O. box, see instructions. 69 GOLD ST | | | | Apartment no. 15F |
| City, town or post office. If you have a foreign address, see instructions. NEW YORK | | | | State NY ZIP code 10038 |
| ► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions) | | | | ► <input type="checkbox"/> You <input type="checkbox"/> Spouse |

Filing Status

1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above & full name here .. ►

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here .. ►

5 Qualifying widow(er) with dependent child (see instructions)

Check only one box.

| | | | | |
|--|---|---|---|---|
| Exemptions | 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a | Boxes checked on 6a and 6b .. 1 | | |
| | b <input type="checkbox"/> Spouse | | | |
| c Dependents: | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs) | No. of children on 6c who: • lived with you .. • did not live with you due to divorce or separation (see instrs) .. Dependents on 6c not entered above .. Add numbers on lines above .. ► 1 |
| (1) First name | Last name | | | |
| d Total number of exemptions claimed | | | | |

If more than four dependents, see instructions.

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

| | | |
|--|-----|----------------------------------|
| 7 Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 45,221. |
| 8a Taxable interest. Attach Schedule B if required | 8a | |
| b Tax-exempt interest. Do not include on line 8a | 8b | |
| 9a Ordinary dividends. Attach Schedule B if required | 9a | |
| b Qualifd divs (see instrs) | 9b | |
| 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) | 10 | 668. |
| 11 Alimony received | 11 | |
| 12 Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| 13 Capital gain or (loss). Alt Sch D if reqd. If not reqd, ck here | 13 | |
| 14 Other gains or (losses). Attach Form 4797 | 14 | |
| 15a IRA distributions | 15a | b Taxable amount (see instrs) .. |
| 16a Pensions and annuities | 16a | b Taxable amount (see instrs) .. |
| 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | |
| 18 Farm income or (loss). Attach Schedule F | 18 | |
| 19 Unemployment compensation | 19 | |
| 20a Social security benefits | 20a | b Taxable amount (see instrs) .. |
| 21 Other income | 21 | |
| 22 Add the amounts in the far right column for lines 7 through 21. This is your total income .. ► | 22 | 45,889. |

Adjusted Gross Income

| | | |
|---|-----|---------|
| 23 Educator expenses (see instructions) | 23 | |
| 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ | 24 | |
| 25 Health savings account deduction. Attach Form 8889 | 25 | |
| 26 Moving expenses. Attach Form 3903 | 26 | |
| 27 One-half of self-employment tax. Attach Schedule SE | 27 | |
| 28 Self-employed SEP, SIMPLE, and qualified plans | 28 | |
| 29 Self-employed health insurance deduction (see instructions) | 29 | |
| 30 Penalty on early withdrawal of savings | 30 | |
| 31a Alimony paid b Recipient's SSN | 31a | |
| 32 IRA deduction (see instructions) | 32 | |
| 33 Student loan interest deduction (see instructions) | 33 | |
| 34 Tuition and fees deduction (see instructions) | 34 | |
| 35 Domestic production activities deduction. Attach Form 8903 | 35 | |
| 36 Add lines 23 - 31a and 32 - 35 | 36 | |
| 37 Subtract line 36 from line 22. This is your adjusted gross income .. ► | 37 | 45,889. |

| Form 1040 (2005) MAHA AL-ADHADH | | 613-19-0270 | Page 2 | |
|---|--|--|--|----------------------|
| Tax and Credits | | 38 | 45,889. | |
| 38 Amount from line 37 (adjusted gross income) | | 38 | | |
| 39a Check <input type="checkbox"/> You were born before January 2, 1941, if: <input type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind. Total boxes <input type="checkbox"/> Blind. checked ► 39a | | | | |
| b If your spouse itemizes on a separate return, or you were a dual-status alien, see instructions and check here | | 39b | | |
| 40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) | | 40 | 6,875. | |
| 41 Subtract line 40 from line 38 | | 41 | 39,014. | |
| 42 If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d | | 42 | 3,200. | |
| 43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | | 43 | 35,814. | |
| 44 Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 | | 44 | 5,621. | |
| 45 Alternative minimum tax (see instructions). Attach Form 6251 | | 45 | | |
| 46 Add lines 44 and 45 | | 46 | 5,621. | |
| 47 Foreign tax credit. Attach Form 1116 if required | | 47 | | |
| 48 Credit for child and dependent care expenses. Attach Form 2441 | | 48 | | |
| 49 Credit for the elderly or the disabled. Attach Schedule R | | 49 | | |
| 50 Education credits. Attach Form 8863 | | 50 | | |
| 51 Retirement savings contributions credit. Attach Form 8880 | | 51 | | |
| 52 Child tax credit (see instructions). Attach Form 8901 if required | | 52 | | |
| 53 Adoption credit. Attach Form 8839 | | 53 | | |
| 54 Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 | | 54 | | |
| 55 Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form | | 55 | | |
| 56 Add lines 47 through 55. These are your total credits | | 56 | | |
| 57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- | | 57 | 5,621. | |
| 58 Self-employment tax. Attach Schedule SE | | 58 | | |
| 59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 | | 59 | | |
| 60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | | 60 | | |
| 61 Advance earned income credit payments from Form(s) W-2 | | 61 | | |
| 62 Household employment taxes. Attach Schedule H | | 62 | | |
| 63 Add lines 57-62. This is your total tax | | 63 | 5,621. | |
| Payments | | 64 Federal income tax withheld from Forms W-2 and 1099 | 64 | 5,770. |
| If you have a qualifying child, attach Schedule EIC. <input type="checkbox"/> | | 65 2005 estimated tax payments and amount applied from 2004 return | 65 | |
| 66a Earned income credit (EIC) | | 66a | | |
| b Nontaxable combat pay election | | 66b | | |
| 67 Excess social security and tier 1 RRTA tax withheld (see instructions) | | 67 | | |
| 68 Additional child tax credit. Attach Form 8812 | | 68 | | |
| 69 Amount paid with request for extension to file (see instructions) | | 69 | | |
| 70 Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885 | | 70 | | |
| 71 Add lines 64, 65, 66a, and 67 through 70. These are your total payments | | 71 | 5,770. | |
| Refund | | 72 If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid | 72 | 149. |
| 73a Amount of line 72 you want refunded to you | | 73a | 149. | |
| b Routing number | | XXXXXXXXXX | c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| d Account number | | XXXXXXXXXXXXXXXXXX | | |
| 74 Amount of line 72 you want applied to your 2006 estimated tax | | 74 | | |
| Amount You Owe | | 75 Amount you owe. Subtract line 71 from line 63. For details on how to pay, see instructions | 75 | |
| 76 Estimated tax penalty (see instructions) | | 76 | | |
| Third Party Designee | | Do you want to allow another person to discuss this return with the IRS (see instructions)? | | |
| Designee's name | | <input checked="" type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No Phone no. ► Personal identification number (PIN) ► | | |
| Your signature | | Date | Your occupation | Daytime phone number |
| Spouse's signature. If a joint return, both must sign. ► | | Date | Spouse's occupation | |
| Preparer's signature ► | | Date | Preparer's SSN or PTIN | |
| Firm's name (or yours if self-employed, address, and ZIP code) ► | | 03/28/2006 | Check if self-employed <input checked="" type="checkbox"/> | P00284649 |
| 196 MAIN ST #204 | | | EIN | 22-2663919 |
| MATAWAN | | NJ 07747 | Phone no. | (732) 441-1818 |

SCHEDULE A
(Form 1040)Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

OMB No. 1545-0074

2005

Attachment
Sequence No. 07

► Attach to Form 1040.

► See Instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040

Your social security number

MAHA AL-ADHADH

613-19-0270

| | | | |
|---|---|---|----|
| Medical and Dental Expenses | Caution. Do not include expenses reimbursed or paid by others. | | 4 |
| | 1 | | |
| | 2 | 2 | |
| | 3 | 3 | |
| Taxes You Paid (See instructions.) | 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | |
| | 5 | | |
| | a <input checked="" type="checkbox"/> Income taxes, or | 3,373. | |
| | b <input type="checkbox"/> General sales taxes (see instructions) | | |
| | 6 | | |
| | 7 | | |
| | 8 | | |
| | 9 | Add lines 5 through 8 | |
| | 10 | 3,373. | |
| Interest You Paid (See instructions.) | 11 | | 14 |
| | 12 | | |
| | 13 | | |
| | 14 | Add lines 10 through 13 | |
| Gifts to Charity If you made a gift and got a benefit for it, see instructions. | 15a | Total gifts by cash or check. If you made any gift of \$250 or more, see instrs | 18 |
| | 15b | Gifts by cash or check after August 27, 2005, that you elect to treat as qualified contributions (see instructions) | |
| | 16 | Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | |
| | 17 | Carryover from prior year | |
| | 18 | 1,095. | |
| Casualty and Theft Losses | 19 | Casualty or theft loss(es). Attach Form 4684. (See instructions.) | 19 |
| Job Expenses and Certain Miscellaneous Deductions (See instructions.) | 20 | Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) | 26 |
| | 21 | See Statement | |
| | 21 | 3,125. | |
| | 21 | Tax preparation fees | |
| | 22 | 200. | |
| | 22 | Other expenses — investment, safe deposit box, etc. List type and amount | |
| | 23 | 22 | |
| | 23 | 3,325. | |
| | 24 | Enter amount from Form 1040, line 38 | |
| | 24 | 45,889. | |
| 25 | Multiply line 24 by 2% (.02) | | |
| 25 | 918. | | |
| 26 | Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- | | |
| 26 | 2,407. | | |
| Other Miscellaneous Deductions | 27 | Other — from list in the instructions. List type and amount | 27 |
| Total Itemized Deductions | 28 | Is Form 1040, line 38, over \$145,950 (over \$72,975 if MFS)? | 28 |
| | <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40. | | |
| | <input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter. | | |
| 29 | If you elect to itemize deductions even though they are less than your standard deduction, check here | | |
| | <input type="checkbox"/> | | |
| | 6,875. | | |

Form 2106-EZ

Unreimbursed Employee Business Expenses

OMB No. 1545-0074

2005

Attachment Sequence No. 54A

Department of the Treasury
Internal Revenue Service (99)

► Attach to Form 1040.

| | | |
|-----------------------------|--|---------------------------------------|
| Your name MAHA AL-ADHADH | Occupation in which you incurred expenses PHYSICIAN | Social security number 613-19-0270 |
|-----------------------------|--|---------------------------------------|

You May Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You do not get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2005.

Caution: You can use the standard mileage rate for 2005 only if: (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part I Figure Your Expenses

| | | |
|--|----|------|
| 1 Vehicle expense using the standard mileage rate. Complete Part II and then go to line 1a below. | | |
| a Multiply business miles driven before September 1, 2005, by 40.5¢ (.405) | 1a | |
| b Multiply business miles driven after August 31, 2005, by 48.5¢ (.485) | 1b | |
| c Add lines 1a and 1b | 1c | |
| 2 Parking fees, tolls, and transportation, including train, bus, etc, that did not involve overnight travel or commuting to and from work | 2 | |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment | 3 | |
| 4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment | 4 | |
| 5 Meals and entertainment expenses: \$ <u>900.</u> x 50% (.50) (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 70% (.70) instead of 50%. For details, see instructions.) | 5 | 450. |
| 6 Total expenses. Add lines 1c through 5. Enter here and on Schedule A (Form 1040), line 20. (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.) | 6 | 450. |

Part II Information on Your Vehicle. Complete this part only if you are claiming vehicle expense on line 1.

| | | |
|---|-------------------------------|-----------------------------|
| 7 When did you place your vehicle in service for business use? (month, day, year) | | |
| 8 Of the total number of miles you drove your vehicle during 2005, enter the number of miles you used your vehicle for: | | |
| a Business | b Commuting (see instr) | c Other |
| 9 Do you (or your spouse) have another vehicle available for personal use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10 Was your vehicle available for personal use during off-duty hours? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 a Do you have evidence to support your deduction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b If 'Yes,' is the evidence written? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 2106-EZ (2005)

Schedule A
Lines 20, 22, 27**Miscellaneous Itemized Deductions Statement**

► Attach to return (after all IRS forms)

2005
StatementName(s) Shown on Return
MAHA AL-ADHADHSocial Security Number
613-19-0270**Employee Business Expenses – Subject to 2% Limitation**

| | | | |
|---|---|---|------------------------------|
| 1 | Unreimbursed employee expenses from Form 2106 | 1 | 450. |
| 2 | Excluded expenses from Form 2555 | 2 | |
| 3 | Excess educator expenses from the Educator Expenses Worksheet | 3 | |
| 4 | Union and professional dues | 4 | |
| 5 | Professional subscriptions | 5 | |
| 6 | Uniforms and protective clothing | 6 | 350. |
| 7 | Job search costs | 7 | |
| 8 | Other: MEDICAL BOOKS/SUPPLIES EXAMINATIONS BUSINESS TELEPHONE LAUNDRY | 8 | 650. 800. 750. 125. |
| 9 | Total unreimbursed employee business expenses (combine lines 1 - 8) | 9 | 3,125. |

Miscellaneous Expenses – Subject to 2% LimitationInvestment
Expense
↓

| | | | |
|----|--|----|--|
| 10 | Depreciation and amortization deductions | 10 | |
| 11 | Casualty/theft losses of property used in services as an employee | 11 | |
| 12 | REMIC expenses, from Schedule E | 12 | |
| 13 | Investment expenses related to interest and dividend income | 13 | |
| 14 | Deductions related to portfolio income, miscellaneous deductions, and excess deductions on termination, from Schedule(s) K-1 | 14 | |
| 15 | Miscellaneous deductions excluded on Form 2555 | 15 | |
| 16 | Investment counsel and advisory fees | 16 | |
| 17 | Certain attorney and accounting fees | 17 | |
| 18 | Safe deposit box rental fees | 18 | |
| 19 | IRA custodial fees | 19 | |
| 20 | Loss incurred from total distribution of all traditional IRAs | 20 | |
| 21 | Loss incurred from total distribution of all Roth IRAs | 21 | |
| 22 | Other: | 22 | |
| 23 | Total miscellaneous expenses (combine lines 10 through 22) | 23 | |

Other Miscellaneous Deductions – Not Subject to 2% Limitation

| | | | |
|----|--|----|--|
| 24 | Deductions related to portfolio income, from Schedule(s) K-1 | 24 | |
| 25 | Federal estate tax paid on decedent's income reported on this return | 25 | |
| 26 | Miscellaneous deductions excluded on Form 2555 | 26 | |
| 27 | Impairment-related expenses of a handicapped employee, from Form 2106 | 27 | |
| 28 | Amortizable bond premiums on bonds acquired before 10/23/86 | 28 | |
| 29 | Gambling losses (to the extent of gambling income) | 29 | |
| 30 | Casualty/theft losses of income-producing property | 30 | |
| 31 | Other miscellaneous deductions: | 31 | |
| 32 | Total other miscellaneous deductions (combine lines 24 through 31) | 32 | |



New York State E-file Signature Authorization for Tax Year 2005

Electronic return originators (EROs) should not mail this form to the Tax Department.

Taxpayer name: MAHA AL-ADHADH

Spouse name: _____

(jointly filed return only)

Purpose

Form TR-579 must be completed to authorize EROs to enter the taxpayer personal identification number (PIN) as the electronic signature for electronic personal income tax returns or electronic funds withdrawals, or both.

General Instructions

Taxpayers must complete Part A.1 or Part A.2 under the following circumstances:

1. Complete Part A.1 prior to transmitting the taxpayers' electronically filed Forms IT-150, *Resident Income Tax Return (short form)*; IT-201, *Resident Income Tax Return (long form)*; and IT-203, *Nonresident and Part-Year Resident Income Tax Return*.
2. Complete Part A.2 prior to transmitting electronically file Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*, when the payments are made by electronic funds transfers. Complete a separate Form TR-570 for subsequently filed Forms IT-150, IT-201, and IT-203.

Important: You do not have to complete Form TR-579 for Form IT-370 extension requests if payments are not required, payments are made with paper checks, or you are using the department's Internet extension application.

EROs must complete Part B prior to transmitting electronically filed income tax returns (Forms IT-150, IT-201, and IT-203).

For returns filed jointly, both spouses must complete and sign Form TR-579 and enter their five-digit PIN.

Do not mail Form TR-579 to the Tax Department. EROs must keep this form for three years and present it to the Tax Department upon request.

Part A.1 – Declaration of taxpayer and authorizations for Forms IT-150, IT-201, and IT-203

Under penalty of perjury, I declare that I have examined the information on my 2005 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, my electronic return is true, correct, and complete. My ERO has my consent to send my 2005 New York State electronic return to New York State through the Internal Revenue Service. I authorize the ERO to enter my PIN as my signature on my 2005 New York State electronic return, or I will enter my PIN as my signature on my 2005 New York State electronic return. If I am paying my New York State personal income taxes owed by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2005 electronic return, and I authorize my financial institution to debit the entry to my account.

Enter the five-digit PIN used as the signature on the electronic return:

(taxpayer)

(spouse)

Taxpayer's signature: _____

Date: _____

Spouse's signature: _____
(joint filed return only)

Date: _____

Part A.2 – Taxpayer authorization for electronic funds withdrawal for Form IT-370

I authorize my ERO to transmit the information necessary for the New York State Tax Department to initiate an electronic funds withdrawal from the designated bank account for payment of my taxes indicated on my 2005 electronic extension request. I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2005 electronic extension request, and I authorize my financial institution to debit the entry to the account.

Enter the five-digit PIN transmitted with your electronic funds withdrawal request:

(taxpayer)

(spouse)

Taxpayer's signature: _____

Date: _____

Spouse's signature: _____
(joint filed return only)

Date: _____

Part B – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2005 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2005 New York State personal income tax return signed by a paid preparer, I declare that the information contained in the taxpayer's 2005 New York State electronic personal return is identical to that contained in the paper return. If I am the paid preparer, under the penalty of perjury I declare that I have examined this 2005 New York State electronic personal income tax return, and to the best of my knowledge and belief, it is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: _____

Date: _____

Paid preparer's signature: _____

Date: _____

2005

New York State Department of Taxation and Finance

IT-2

Summary of Federal Form W-2 Statements

New York State • New York City • Yonkers

Taxpayer's first name and middle initial
MAHA
Spouse's first name and middle initial

Taxpayer's last name
AL-ADHADH
Spouse's last name

▼ Your social security number
613-19-0270
▼ Spouse's social security number

W-2 Record 1 **Box c** Employer's name and full address (including ZIP code)

NYU DOWNTOWN HOSP
59 MAIDEN LANE

| | Box 12a | Amount | Code | Box 15 State | Box 16 | State wages, tips, etc (for NYS) |
|--|---------|--------------------------|------|--------------|-------------|--|
| Box b Employer identification number (EIN) 13-3049852 | Box 12b | Amount | Code | NY | Box 17 | New York State income tax withheld 2,083. |
| This W-2 is for (mark an X in one box): Taxpayer <input checked="" type="checkbox"/> Spouse | Box 12c | Amount | Code | | Box 18 | Local wages, tips, etc 45,221. |
| Box 1 Wages, tips, other compensation 45,221. | Box 12d | Amount | Code | | Box 19 | Local income tax withheld 1,290. |
| Box 8 Allocated tips | Box 13 | Statutory employee | | | Locality a) | |
| | | | | | Locality b) | |
| Box 9 Advance EIC payment | Box 14a | Amount | Code | | Box 20 | Locality name Locality a) NYC |
| Box 10 Dependent care benefits | Box 14b | Amount | Code | | Locality b) | |
| Box 11 Nonqualified plans | Box 14c | Amount | Code | | | |

Corrected (W-2C)

W-2 Record 2 **Box c** Employer's name and full address (including ZIP code)

NYU DOWNTOWN HOSP
59 MAIDEN LANE

| | Box 12a | Amount | Code | Box 15 State | Box 16 | State wages, tips, etc (for NYS) |
|--|---------|--------------------------|------|--------------|-------------|-------------------------------------|
| Box b Employer identification number (EIN) 13-3049852 | Box 12b | Amount | Code | | Box 17 | New York State income tax withheld |
| This W-2 is for (mark an X in one box): Taxpayer <input checked="" type="checkbox"/> Spouse | Box 12c | Amount | Code | | Box 18 | Local wages, tips, etc 45,221. |
| Box 1 Wages, tips, other compensation 45,221. | Box 12d | Amount | Code | | Box 19 | Local income tax withheld 1,290. |
| Box 8 Allocated tips | Box 13 | Statutory employee | | | Locality a) | |
| | | | | | Locality b) | |
| Box 9 Advance EIC payment | Box 14a | Amount | Code | | Box 20 | Locality name Locality a) NYC |
| Box 10 Dependent care benefits | Box 14b | Amount | Code | | Locality b) | |
| Box 11 Nonqualified plans | Box 14c | Amount | Code | | | |

Corrected (W-2C)

Please file this original scannable form with the Tax Department. If you or your paid preparer use software to produce this form, it might have a two-dimensional (2-D) barcode on the bottom of this page. It will appear as a rectangular-shaped object with very small boxes and white spaces. This barcode will be used to efficiently process your entries on this form.



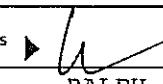
| | | | |
|--|---|---|--------------------------|
| 1 Wages, tips, other comp. 452221.10 | 2 Federal income tax withheld 5769.64 | | |
| 3 Social security wages 452221.10 | 4 Social security tax withheld 2803.71 | | |
| 5 Medicare wages and tips 452221.10 | 6 Medicare tax withheld 655.71 | | |
| 4 Control number 005919 73/PSV | Dept. 006330 | Cap. A | Employer use only 233 |
| c Employer's name, address, and ZIP code NEW YORK DOWNTOWN HOSPITAL 59 MAIDEN LANE NEW YORK NY 10038 | | | |
| b Employer's FEID/ID number 13-3048852 | d Employee's SSA number 613-19-0210 | | |
| 7 Social security tips | Allocated tips | | |
| 9 Advance EIC payment | 10 Dependent care benefits | | |
| 11 Nonqualified plans | 12a | | |
| 14 Other | 12b | 12c | 12d |
| e/f Employee's name, address and ZIP code MAHA AL-ADHADH MD 69 GOLD STREET 15F NEW YORK NY 10038 | | | |
| 15 State NY | Employer's state ID no. 13-3048852 | 16 State wages, tips, etc. 452221.10 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 19 Local income tax 2083.10 | 20 Locality name 1250.40 NYC RES | | |
| FOLD AND DETACH HERE | | | |
| NY.State Filing Copy | | | |
| W-2 Wage and Tax Statement 2005 | | | |
| Copy 2 to be filed with employee's state income tax return. | | | |

| Form 1040 | | Department of the Treasury — Internal Revenue Service | | (99) IRS Use Only — Do not write or staple in this space. | | |
|---|--|--|---|---|---|--|
| | | U.S. Individual Income Tax Return 2004 | | | | |
| Label (See instructions.) | For the year Jan 1 - Dec 31, 2004, or other tax year beginning , 2004, ending , 20 | | | | OMB No. 1545-0074 | |
| | Your first name MI Last name | | MAHA AL - ADHADH | | Your social security number 613-19-0270 | |
| Use the IRS label. Otherwise, please print or type. | If a joint return, spouse's first name MI Last name | | | | Spouse's social security number | |
| | | | | | | |
| Presidential Election Campaign (See instructions.) | Home address (number and street). If you have a P.O. box, see instructions. | | Apartment no. | | ▲ Important! ▲ You must enter your social security number(s) above. | |
| | 69 GOLD ST 15F | | City, town or post office. If you have a foreign address, see instructions. | | State ZIP code NY 10038 | |
| <p>► Note: Checking 'Yes' will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ► <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | | | |
| Filing Status | 1 <input checked="" type="checkbox"/> Single | 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ► | | | | |
| | 2 <input type="checkbox"/> Married filing jointly (even if only one had income) | | | | | |
| Check only one box. | 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here. ► | 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions) | | | | |
| Exemptions | 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. b <input type="checkbox"/> Spouse | | | | Boxes checked on 6a and 6b . . . 1 | |
| | c Dependents: | (1) First name | (2) Dependent's social security number | (3) Dependent's relationship to you | No. of children on 6c who: • lived with you . . . • did not live with you due to divorce or separation (see instrs) . . . | |
| | | | | | Dependents on 6c not entered above . . . | |
| | d Total number of exemptions claimed. | | | | Add numbers on lines above . . . ► 1 | |
| Income | 7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . | 7 | 21,295. | | | |
| | 8a Taxable interest. Attach Schedule B if required. | 8a | | | | |
| | b Tax-exempt interest. Do not include on line 8a. | 8b | | | | |
| | 9a Ordinary dividends. Attach Schedule B if required . . . | 9a | | | | |
| | b Qualif divs (see instrs) . . . | 9b | | | | |
| | 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) . . . | 10 | | | | |
| | 11 Alimony received . . . | 11 | | | | |
| | 12 Business income or (loss). Attach Schedule C or C-EZ . . . | 12 | | | | |
| | 13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here. ► <input type="checkbox"/> | 13 | | | | |
| | 14 Other gains or (losses). Attach Form 4797 . . . | 14 | | | | |
| | 15a IRA distributions . . . 15a | b Taxable amount (see instrs) . . . | 15b | | | |
| | 16a Pensions and annuities . . . 16a | b Taxable amount (see instrs) . . . | 16b | | | |
| | 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . | 17 | | | | |
| | 18 Farm income or (loss). Attach Schedule F . . . | 18 | | | | |
| | 19 Unemployment compensation . . . | 19 | | | | |
| | 20a Social security benefits . . . 20a | b Taxable amount (see instrs) . . . | 20b | | | |
| | 21 Other income . . . | 21 | | | | |
| | 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ► 22 | | | | 21,295. | |
| Adjusted Gross Income | 23 Educator expenses (see instructions) . . . | 23 | | | | |
| | 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . | 24 | | | | |
| | 25 IRA deduction (see instructions) . . . | 25 | | | | |
| | 26 Student loan interest deduction (see instructions) . . . | 26 | | | | |
| | 27 Tuition and fees deduction (see instructions) . . . | 27 | | | | |
| | 28 Health savings account deduction. Attach Form 8889 . . . | 28 | | | | |
| | 29 Moving expenses. Attach Form 3903 . . . | 29 | 800. | | | |
| | 30 One-half of self-employment tax. Attach Schedule SE . . . | 30 | | | | |
| | 31 Self-employed health insurance deduction (see instrs) . . . | 31 | | | | |
| | 32 Self-employed SEP, SIMPLE, and qualified plans . . . | 32 | | | | |
| | 33 Penalty on early withdrawal of savings . . . | 33 | | | | |
| | 34a Alimony paid b Recipient's SSN . . . ► 34a | | | | 800. | |
| | 35 Add lines 23 through 34a . . . | 35 | | | | |
| | 36 Subtract line 35 from line 22. This is your adjusted gross income . . . ► 36 | | | | 20,495. | |

Form 1040 (2004) MAHA AL-ADHADH

613-19-0270

Page 2

| | | | | |
|---|--|--|--|---|
| Tax and Credits | | 37 Amount from line 36 (adjusted gross income) | 37 | 20,495. |
| Standard Deduction for - | | 38a Check <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind. Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind. checked ► 38a | | |
| | | b If your spouse itemizes on a separate return, or you were a dual-status alien, see instructions and check here..... ► 38b | | |
| | | 39 Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 39 | 6,305. |
| | | 40 Subtract line 39 from line 37 | 40 | 14,190. |
| | | 41 If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet in the instructions..... | 41 | 3,100. |
| | | 42 Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0- | 42 | 11,090. |
| | | 43 Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 | 43 | 1,304. |
| | | 44 Alternative minimum tax (see instructions). Attach Form 6251..... ► 45 | 44 | |
| | | 45 Add lines 43 and 44..... ► 45 | 45 | 1,304. |
| | | 46 Foreign tax credit. Attach Form 1116 if required..... | 46 | |
| | | 47 Credit for child and dependent care expenses. Attach Form 2441 | 47 | |
| | | 48 Credit for the elderly or the disabled. Attach Schedule R..... | 48 | |
| | | 49 Education credits. Attach Form 8863 | 49 | |
| | | 50 Retirement savings contributions credit. Attach Form 8880 | 50 | |
| | | 51 Child tax credit (see instructions) | 51 | |
| | | 52 Adoption credit. Attach Form 8839 | 52 | |
| | | 53 Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 | 53 | |
| | | 54 Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify | 54 | |
| | | 55 Add lines 46 through 54. These are your total credits..... | 55 | |
| | | 56 Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-..... ► 56 | 56 | 1,304. |
| Other Taxes | | 57 Self-employment tax. Attach Schedule SE | 57 | |
| | | 58 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137..... | 58 | |
| | | 59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 59 | |
| | | 60 Advance earned income credit payments from Form(s) W-2..... | 60 | |
| | | 61 Household employment taxes. Attach Schedule H | 61 | |
| | | 62 Add lines 56-61. This is your total tax | 62 | 1,304. |
| Payments | | 63 Federal income tax withheld from Forms W-2 and 1099..... | 63 | 2,767. |
| | | 64 2004 estimated tax payments and amount applied from 2003 return | 64 | |
| | | 65a Earned income credit (EIC). b Nontaxable combat pay election | 65a | |
| | | 66 Excess social security and tier 1 RRTA tax withheld (see instructions) | 66 | |
| | | 67 Additional child tax credit. Attach Form 8812 | 67 | |
| | | 68 Amount paid with request for extension to file (see instructions) | 68 | |
| | | 69 Other pmts from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885 | 69 | |
| | | 70 Add lines 63, 64, 65a, and 66 through 69. These are your total payments | 70 | 2,767. |
| Refund | | 71 If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid..... | 71 | 1,463. |
| Direct deposit? See instructions and fill in 72b, 72c, and 72d. | | 72a Amount of line 71 you want refunded to you..... ► 72a | 72a | 1,463. |
| | | ► b Routing number XXXXXXXX ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | | ► d Account number XXXXXXXXXXXXXXXXXXXX | | |
| | | 73 Amount of line 71 you want applied to your 2005 estimated tax..... ► 73 | | |
| Amount You Owe | | 74 Amount you owe. Subtract line 70 from line 62. For details on how to pay, see instructions | 74 | |
| | | 75 Estimated tax penalty (see instructions) | 75 | |
| Third Party Designee | | Do you want to allow another person to discuss this return with the IRS (see instructions)? | <input checked="" type="checkbox"/> Yes. | Complete the following. |
| | | Designee's name ► Preparer | Phone no. ► | Personal identification number (PIN) ► |
| Sign Here | | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | |
| Joint return? See instructions. | | Your signature ► | Date | Your occupation |
| | | | | PHYSICIAN |
| Keep a copy for your records. | | Spouse's signature. If a joint return, both must sign. ► | Date | Spouse's occupation |
| | | | | |
| Paid Preparer's Use Only | | Preparer's signature ►  | Date 08/09/2005 | Check if self-employed <input checked="" type="checkbox"/> Preparer's SSN or PTIN P00284649 |
| | | Firm's name (or yours if self-employed), address, and ZIP code ► RALPH E. ROSENBAUM CPA 196 MAIN ST #204 MATAWAN | EIN 22-2663919 | |
| | | | Phone no. | |

SCHEDULE A

(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2004

07

Department of the Treasury
Internal Revenue Service (99)► Attach to Form 1040.
► See Instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040

Your social security number

MAHA AL-ADHADH

613-19-0270

| | | | |
|--|--|---------|--------|
| Medical and Dental Expenses | Caution. Do not include expenses reimbursed or paid by others. | | |
| | 1 Medical and dental expenses (see instructions) | 1 | |
| | 2 Enter amount from Form 1040, line 37 | 2 | |
| | 3 Multiply line 2 by 7.5% (.075) | 3 | |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-..... | | 4 | |
| Taxes You Paid (See instructions.) | 5 State and local (check only one box): a <input checked="" type="checkbox"/> Income taxes, or b <input type="checkbox"/> General sales taxes (see instructions) | 5 | 1,570. |
| | 6 Real estate taxes (see instructions)..... | 6 | |
| | 7 Personal property taxes | 7 | |
| | 8 Other taxes. List type and amount ► | 8 | |
| 9 Add lines 5 through 8..... | | 9 | 1,570. |
| Interest You Paid (See instructions.) | 10 Home mtg interest and points reported to you on Form 1098 | 10 | |
| | 11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ► | | |
| | 12 Points not reported to you on Form 1098. See instrs for spcl rules | 11 | |
| | 13 Investment interest. Attach Form 4952 if required. (See instrs.) | 12 | |
| 14 Add lines 10 through 13..... | | 13 | |
| Gifts to Charity If you made a gift and got a benefit for it, see instructions. | 15 Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 15 | 2,500. |
| | 16 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 16 | 495. |
| | 17 Carryover from prior year | 17 | |
| | 18 Add lines 15 through 17..... | | 18 |
| Casualty and Theft Losses | 19 Casualty or theft loss(es). Attach Form 4684. (See instructions.) | 19 | |
| Job Expenses and Most Other Miscellaneous Deductions (See instructions.) | 20 Unreimbursed employee expenses —job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► | | |
| | See Statement | 20 | 2,150. |
| | 21 Tax preparation fees..... | 21 | |
| | 22 Other expenses —investment, safe deposit box, etc. List type and amount ► | 22 | |
| 23 Add lines 20 through 22..... | 23 | 2,150. | |
| 24 Enter amount from Form 1040, line 37 | 24 | 20,495. | |
| 25 Multiply line 24 by 2% (.02) | 25 | 410. | |
| 26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-..... | | 26 | 1,740. |
| Other Miscellaneous Deductions | 27 Other — from list in the instructions. List type and amount ► | | |
| Total Itemized Deductions | 28 Is Form 1040, line 37, over \$142,700 (over \$71,350 if MFS)? | 27 | |
| | <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 39. ► | 28 | |
| | <input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter. ► | | 6,305. |

Form **3903**Department of the Treasury
Internal Revenue Service (99)**Moving Expenses**

► Attach to Form 1040.

OMB No. 1545-0062

2004
62

Name(s) shown on Form 1040

MAHA AL-ADHADH

Your social security number

613-19-0270

Before you begin: ✓ See the **Distance Test** and **Time Test** in the instructions to find out if you can deduct your moving expenses.
 ✓ If you are a member of the Armed Forces, see the instructions to find out how to complete this form.

| | | | |
|--|---|---|------|
| 1 | Enter the amount you paid for transportation and storage of household goods and personal effects (see instructions)..... | 1 | |
| 2 | Enter the amount you paid for travel and lodging in moving from your old home to your new home (see instructions). Do not include the cost of meals | 2 | 800. |
| 3 | Add lines 1 and 2 | 3 | 800. |
| 4 | Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in the wages box (box 1) of your Form W-2. This amount should be shown in box 12 of your Form W-2 with code P | 4 | |
| 5 | Is line 3 more than line 4? | 5 | 800. |
| <input type="checkbox"/> No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7. | | 4 | |
| <input checked="" type="checkbox"/> Yes. Moving expense deduction. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 29. | | 5 | 800. |

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form **3903** (2004)

Schedule A
Lines 20, 22, 27

Miscellaneous Itemized Deductions Statement

► Attach to return (after all IRS forms)

2004
StatementName(s) Shown on Return
MAHA AL-ADHADHSocial Security Number
613-19-0270

Employee Business Expenses — Subject to 2% Limitation

| | | | |
|---|---|---|------------------------|
| 1 | Unreimbursed employee expenses from Form 2106 | 1 | |
| 2 | Excluded expenses from Form 2555 | 2 | |
| 3 | Excess educator expenses from the Educator Expenses Worksheet | 3 | |
| 4 | Union and professional dues | 4 | |
| 5 | Professional subscriptions | 5 | |
| 6 | Uniforms and protective clothing | 6 | 450. |
| 7 | Job search costs | 7 | |
| 8 | Other: MEDICAL BOOKS BUSINESS TELEPHONE MEDICAL SUPPLIES | 8 | 350. 1,040. 310. |
| 9 | Total unreimbursed employee business expenses (combine lines 1 - 8) | 9 | 2,150. |

Miscellaneous Expenses — Subject to 2% Limitation

Investment
Expense ↓

| | | | |
|----|--|----|--|
| 10 | Depreciation and amortization deductions | 10 | |
| 11 | Casualty/theft losses of property used in services as an employee | 11 | |
| 12 | REMIC expenses, from Schedule E | 12 | |
| 13 | Investment expenses related to interest and dividend income | 13 | |
| 14 | Deductions related to portfolio income, miscellaneous deductions, and excess deductions on termination, from Schedule(s) K-1 | 14 | |
| 15 | Miscellaneous deductions excluded on Form 2555 | 15 | |
| 16 | Investment counsel and advisory fees | 16 | |
| 17 | Certain attorney and accounting fees | 17 | |
| 18 | Safe deposit box rental fees | 18 | |
| 19 | IRA custodial fees | 19 | |
| 20 | Loss incurred from total distribution of all traditional IRAs | 20 | |
| 21 | Loss incurred from total distribution of all Roth IRAs | 21 | |
| 22 | Other: | 22 | |
| 23 | Total miscellaneous expenses (combine lines 10 through 22) | 23 | |

Other Miscellaneous Deductions — Not Subject to 2% Limitation

| | | | |
|----|--|----|--|
| 24 | Deductions related to portfolio income, from Schedule(s) K-1 | 24 | |
| 25 | Federal estate tax paid on decedent's income reported on this return | 25 | |
| 26 | Miscellaneous deductions excluded on Form 2555 | 26 | |
| 27 | Impairment-related expenses of a handicapped employee, from Form 2106 | 27 | |
| 28 | Amortizable bond premiums on bonds acquired before 10/23/86 | 28 | |
| 29 | Gambling losses (to the extent of gambling income) | 29 | |
| 30 | Casualty/theft losses of income-producing property | 30 | |
| 31 | Other miscellaneous deductions: | 31 | |
| 32 | Total other miscellaneous deductions (combine lines 24 through 31) | 32 | |

Form **4868**Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time
To File U.S. Individual Income Tax Return**

For calendar year 2004, or other tax year beginning

OMB No. 1545-0188

2004

, 2004, ending

Part I Identification**Part II Individual Income Tax**

1 Your name(s) (see instructions)

4 Estimate of total tax liability
for 2004 \$ **1,304.**

MAHA AL-ADHADH

5 Total 2004 payments **2,767.**

Address (see instructions)

6 Balance due. Subtract 5 from 4 .. **0.**

69 GOLD ST, Apt. 15F

7 Amount you are paying ► **0.**

City, town or post office

State ZIP code

NEW YORK

NY 10038

Confirmation Number

2 Your social security number

3 Spouse's social security number

If you file electronically, you will receive a confirmation number
telling you that your Form 4868 has been accepted. Enter the
confirmation number here ►

613-19-0270

Form 4868 (2004)

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

▲ Detach Here ▲

Where To File Your Extension
 Mail Form 4868 (with payment, if applicable) to the address listed below.

Internal Revenue Service Center
 Andover, MA 05501-0002

| Declaration Control Number | | | | | | |
|----------------------------|---|--------|---|-------|---|---|
| 00 | - | 221672 | - | 01496 | - | 5 |

New York State E-file Signature Authorization for Tax Year 2004

Taxpayer name MAHA AL-ADHADH Taxpayer social security number 613-19-0270
Spouse name _____ Spouse social security number _____

Purpose:

- 1 To certify the truthfulness, correctness, and completeness of the taxpayer's electronic personal income tax return.
- 2 To authorize an electronic funds withdrawal, if applicable.
- 3 To authorize the Electronic Return Originator (ERO) to enter the taxpayer's PIN as the taxpayer's electronic signature on the electronic income tax return, and, if applicable, as authorization for an electronic funds withdrawal.

A. Declaration of taxpayer:

Under penalty of perjury, I declare that I have examined the information on my 2004 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, my electronic return is true, correct, and complete. My program participant has my consent to send my 2004 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, to New York State directly or through the Internal Revenue Service. If I am paying my New York State personal income taxes owed by electronic funds withdrawal, I authorize the New York State Department of Taxation and Finance and its designated financial agents to initiate an electronic funds withdrawal from my indicated financial institution account, and my financial institution to debit the entry to my account.

Taxpayer's PIN (check one line only)

I authorize my ERO RALPH E ROSENBAUM CPA to enter my PIN (90270) as my signature on my 2004 New York State electronic personal income tax return.

I will enter my PIN as my signature on my 2004 New York State electronic personal income tax return.

Taxpayer's signature

07/29/2005

Date

Spouse's PIN (check one line only)

I authorize my ERO _____ to enter my PIN (_____) as my signature on my 2004 New York State electronic personal income tax return.

I will enter my PIN as my signature on my 2004 New York State electronic personal income tax return.

Spouse's signature

Date

B. Declaration of electronic return originator (ERO) and paid preparer:

Under penalty of perjury, I declare that the information contained in this 2004 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2004 New York State personal income tax return signed by a paid preparer, I declare that the information contained in this 2004 New York State electronic personal income tax return is identical to that contained in the paper return. If I am the paid preparer, under the penalty of perjury I declare that I have examined this 2004 New York State electronic personal income tax return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO's signature 07/29/2005 07/29/2005
Date Paid preparer's signature Date

THE ERO MUST RETAIN THIS DOCUMENT FOR 3 YEARS
DO NOT SUBMIT THIS DOCUMENT TO NEW YORK STATE UNLESS REQUESTED TO DO SO

Form IT-201
Line 17

Income Adjustments Statement

► Attach to return after all other forms

2004

Statement 1

| | |
|--|------------------------------------|
| Name as Shown on Return MAHA AL-ADHADH | Social Security No. 613-19-0270 |
| 1 Educator expenses | 1 |
| 2 Certain business expenses of reservists, performing artists, and fee-basis government officials | 2 |
| 3 IRA deduction | 3 |
| 4 Student loan interest deduction | 4 |
| 5 Tuition and fees deduction | 5 |
| 6 Health savings account deduction | 6 |
| 7 Moving expenses | 7 800. |
| 8 One-half of self-employment tax | 8 |
| 9 Self-employed health insurance deduction | 9 |
| 10 Self-employed SEP, SIMPLE and qualified plans | 10 |
| 11 Penalty on early withdrawal of savings | 11 |
| 12 Alimony paid | 12 |
| 13 Foreign housing deduction | 13 |
| 14 Jury duty pay given to employer | 14 |
| 15 Reforestation amortization and expenses | 15 |
| 16 Repayment of sub-pay under the Trade Act of 1974 | 16 |
| 17 Expenses from the rental of personal property | 17 |
| 18 Contributions to section 501(c)(18)(D) pension plans | 18 |
| 19 Archer MSA deduction | 19 |
| 20 Deduction for clean-fuel vehicles | 20 |
| 21 Other adjustments | 21 |
| 22 Total federal adjustments to income | 22 800. |

| | | | |
|--|---------------------------------|-------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 21294.67 | 2765.78 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 21294.67 | 1320.27 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 21294.67 | 308.77 | | |
| 8 Control Number | Dept. | Corp. | Employer use only |
| 005919 73/PSV | 006330 | A | 213 |
| c Employer's name, address, and ZIP code | | | |
| NYU DOWNTOWN HOSPITAL | | | |
| 59 MADEN LANE | | | |
| NEW YORK NY 10038 | | | |
| b Employer's FEID ID number | d Employee's SSA number | | |
| 13-3049852 | 613-19-0270 | | |
| 7 Social security tips | 8 Allocated tips | | |
| 9 Advance EIC payment | 10 Dependent care benefits | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | |
| 14 Other | 12b | 12c | 12d |
| | | | |
| 13 State emp. Ret. plan 3rd party sick pay | | | |
| e/f Employee's name, address and ZIP code | | | |
| MAHA AL-ADHADH MD | | | |
| 69 GOLD STREET 15F | | | |
| NEW YORK NY 10038 | | | |
| 15 State Employer's state ID no. | 16 State wages, tips, etc. | | |
| NY 13-3049852 | 21294.67 | | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 969.42 | 21294.67 | | |
| 19 Local income tax | 20 Locality name | | |
| 600.72 | NYC RES | | |
| Federal Filing Copy | | | |
| W-2 Wage and Tax Statement 2004 | | | |
| Copy B to be filed with employee's Federal Income Tax Return. Form No. 1545-0008 | | | |

For Privacy Act Notice, get form FTB 1131.

California Resident Income Tax Return 2003

FORM

540 2EZ C1 Side 1

Step 1

Place label here or print

Name and Address

| | | | |
|--|---------------------|---|--------------------------|
| Your first name M A H A I | Initial N | Last name N A L I A D H A D H | P |
| If joint return, spouse's first name N/A | Initial | Last name | |
| Number and street, PO Box, or rural route 4202 FOURTH AVIE | | | Apt. no. 304 |
| City, town, or post office SAIN DIEGO | | | PMB no. |
| State CA | | | ZIP Code 92103 |
| Your social security number 613-19-0270 | | | |
| Spouse's social security number | | | |

IMPORTANT:
Your social security number
is required.

Step 1a

SSN

Step 2

Filing Status

Fill in only one.

Filing Status. Fill in the circle for your filing status. See page 5.

1 Single
 2 Married filing jointly
 4 Head of household. STOP! See instructions.
 5 Qualifying widow(er) with dependent child. Year spouse died _____

Step 3

Exemptions

Dependent Exemptions

6 If another person can claim you (or your spouse, if married) as a dependent on his or her tax return, even if he or she chooses not to, fill in this circle 6 7 Senior: If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2 7 8 Number of dependents. (Do not include yourself or your spouse). 8

Name: _____ Name: _____ Name: _____

Step 4

Taxable Income and Credits

Enclose, but do not staple, any payment.

| | |
|---|--|
| 9 Total wages (Form W-2, box 16) See page 6 | 9 <input type="text"/> 6 5 1 6 1 |
| 10 Total interest income (Form 1099-INT, box 1) | 10 <input type="text"/> 0 0 0 |
| 11 Unemployment compensation | 11 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 12 U.S. Social security or railroad retirement | 12 <input type="text"/> <input type="text"/> <input type="text"/> |
| 13 Add line 9 and line 10. Caution: Do not include line 11 and line 12 | 13 <input type="text"/> 6 5 1 6 1 |
| 14 Using the 2EZ Table for your filing status, enter the tax for the amount on line 13 (If you filled in the circle on line 6, STOP. See page 6) | 14 <input type="text"/> 0 0 0 |
| 15 Senior Exemption: If you entered 1 in the box on line 7, enter \$82. If you entered 2 in the box on line 7, enter \$164 | 15 <input type="text"/> <input type="text"/> <input type="text"/> |
| 16 Nonrefundable renter's credit. See page 7 | 16 <input type="text"/> <input type="text"/> <input type="text"/> |
| 17 Add line 15 and line 16 | 17 <input type="text"/> <input type="text"/> <input type="text"/> |
| 18 Subtract line 17 from line 14. If zero or less, enter -0- | 18 <input type="text"/> 0 0 0 |

Step 5

Overpaid Tax/Tax Due/Use Tax

Attach a copy of your Form(s) W-2.

| | |
|---|-------------------------------|
| 19 Total tax withheld (Form W-2, box 17) | 19 <input type="text"/> 6 2 6 |
| 20 Overpaid tax. If line 19 is more than line 18, subtract line 18 from line 19 | 20 <input type="text"/> 6 2 6 |
| 21 Tax due. If line 19 is less than line 18, subtract line 19 from line 18. See page 7 | 21 <input type="text"/> 0 0 0 |
| 22 Use tax. See page 7 | 22 <input type="text"/> 0 0 0 |

| | | |
|----|--|---------|
| 11 | Other income (alimony, taxable IRA/Keogh etc., winnings, fees) from Schedule X, line 5 (enclose Schedule X). Not less than "0" | ► 11 |
| 12 | TOTAL 5.3% INCOME. Add lines 5 through 11. (Be sure to subtract any loss(es) in lines 8 or 9) ... 12 Note: Part-year residents, omit lines 13 and 14 and go to line 15. | 1649.12 |
| 13 | NONRESIDENT APPORTIONMENT WORKSHEET: You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Use only when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis: working days miles sales other: | |
| | a. Working days (or other basis) outside Massachusetts | 13a |
| | b. Working days (or other basis) inside Massachusetts | 13b |
| | c. Total working days. Add line 13a and line 13b..... | 13c |
| | d. Nonworking days (holidays, weekends, etc.)..... | 13d |
| | e. Massachusetts ratio. Divide line 13b by line 13c | ► 13e |
| | f. Total income being apportioned (you cannot apportion Mass. wages as shown on Form W-2)..... 13f | |
| | g. Massachusetts income. Multiply line 13e by line 13f. Enter here and in appropriate line on page 1 13g | |
| 14 | NONRESIDENT DEDUCTION & EXEMPTION RATIO: Nonresident taxpayers must complete this item to determine the ratio for apportioning the deductions in lines 16 and 17 below; Schedule Y, lines 3, 5 (see instructions), 7 and 8; the exemptions in line 22a; and the EIC in line 43. | |
| | a. Total 5.3% income (from line 12). Not less than "0" | 14a |
| | b. Interest income (smaller of line 7a or line 7b) | ► 14b |
| | c. Total capital gain income, if any (total of Schedule B, Part 1, line 7; Schedule B, Part 2, line 13; Schedule D, line 12. Not less than "0.")..... | 14c |
| | d. Total income this return. Add lines 14a, b and c | 14d |
| | e. Non-Massachusetts source income. Not less than "0" | ► 14e |
| | f. Total income. Add line 14d and line 14e..... | 14f |
| | g. Deduction and exemption ratio. Divide line 14d by line 14f..... 14g | |
| 15 | Amount paid to Soc. Sec., Medicare, R.R., U.S. or Massachusetts retirement (this amount must be related to income reported on this return). | |
| | Not more than \$2,000 per person. a. You ► 23.93 + b. Spouse ► 24.4 a + b = 15 | 23.93 |
| 16 | Child under age 13, or disabled dependent/spouse care expenses (from worksheet in instructions) ► 16 | |
| | Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/03, or disabled dependent(s) (only if single, head of household or married filing joint return and not claiming line 16). | |
| | Not more than two: a. ► 0 x \$3,600 = 0 Nonresidents multiply result by line 14g; part-year residents multiply result by line 2 | ► 17 |
| 18 | Rental deduction (rent paid in 2003): a. ► 0 ÷ 2 = (\$1,500 if married filing separately) ► 18 | |
| | Nonresidents, during 2003 did you have a family home or any other dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future? () Yes () No. If yes, you do not qualify for this deduction. | |
| 19 | Other deductions from Schedule Y, line 9 (enclose Schedule Y) ► 19 | |
| 20 | TOTAL DEDUCTIONS. Add lines 15 through 19 ► 20 | |
| 21 | 5.3% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. Not less than "0" 21 | |
| 22 | Exemption amount (from line 4, item f). a. 3,300.00 Nonresidents multiply line 22a by line 14g. Part-year residents multiply line 22a by line 2. Enter result here ► 22 | |
| 23 | 5.3% INCOME AFTER EXEMPTIONS. Subtract line 22 from line 21. Not less than "0" 23 If line 21 is less than line 22, see instructions. | |

FIRST NAME

MAHA

MIDDLE NAME

AL-ADH ADH

SOCIAL SECURITY NUMBER

613-19-0270

24 INTEREST AND DIVIDEND INCOME (from Schedule B, line 38). Not less than "0" ► 24

25 TOTAL TAXABLE 5.3% INCOME. Add line 23 and line 24 ► 25

26 TAX ON 5.3% INCOME (from tax table). If line 25 is more than \$24,000, multiply by .053. Note: If choosing the optional 5.85% tax rate, multiply line 25 and the amount in Sch. D, line 20 by .0585. See instr.; fill in oval ► 26

27 12% INCOME from Schedule B, line 39. Not less than "0" ► 27

28 TAX ON LONG-TERM CAPITAL GAINS (from Schedule D, line 21). Not less than "0." ► 28

Enclose Schedule D. If filing Schedule D-IS, check box and enclose Schedule D-IS ► 28

If excess exemptions were used in calculating lines 24, 27 or 28, check box (see instructions) ► 28

29 Credit recapture amount (enclose Sch. H-2; see instructions) (BC) (EOA) (LH) ► 29

30 If you qualify for No Tax Status, check box and enter "0" on line 31 (complete Schedule NTS-L-NR/PY on reverse) ► 31

Do not stop. You must complete Form 1-NR/PY.

31 TOTAL INCOME TAX. Add lines 26 through 29 ► 31

41.00

CREDITS. Lines 32 through 34. Enclose all applicable schedules.

► 32 *✓* ► 33 *N/A* ► 34 *N/A*

Limited Income Credit (complete Schedule NTS-L-NR/PY on reverse)

Credits from Schedule Z, line 1

Credits from Schedule Z, line 2

35 Total credits. Add lines 32 through 34 ► 35

36 INCOME TAX AFTER CREDITS. Subtract line 35 from line 31. Not less than "0" ► 36

41.00

37 Voluntary contributions: Total of items a, b, c and d listed below ► 37

► *✓* ► *✓* ► *✓* ► *✓* ► *✓*

a. Organ Transplant Fund b. Endangered Wildlife Conserv. c. Massachusetts AIDS Fund d. Mass. U.S. Olympic Fund

38 Use tax due on non-Massachusetts purchases (see instructions). If no use tax due enter "0" ► 38

39 INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 38 ► 39

41.00

40 Massachusetts income tax withheld (enclose all Mass. Forms W-2, W-2G, 1099-G & 1099-R) ► 40

20.83

41 2002 overpayment applied to your 2003 estimated tax (do not enter 2002 refund) ► 41

42 2003 Massachusetts estimated tax payments (do not include amount in line 41) ► 42

0

43 Earned Income Credit. Enter amount from U.S. return. a. ► *✓* x .15 = (Nonresidents, multiply this amount by line 14; part-year residents multiply this amount by line 2) ► 43Enter number of qualifying children ►

44 Senior Circuit Breaker Credit (enclose Schedule CB). Part-year residents only ► 44

45 Payments made with extension (enclose Form M-4868) ► 45

46 TOTAL TAX PAYMENTS. Add lines 40 through 45 ► 46

20.83

47 OVERPAYMENT. If line 39 is smaller than line 46, subtract line 39 from line 46 ► 47

If line 39 is larger than line 46, go to line 50. If line 39 and line 46 are equal, enter "0" in line 49.

48 Amount of overpayment you want APPLIED to your 2004 ESTIMATED TAX ► 48

49 Subtract line 48 from line 47. THIS IS YOUR REFUND. Mail to Mass. DOR, PO Box 7000, Boston, MA 02204 ► 49

Direct Deposit of Refund. See instructions. Type of account: ► *✓* Checking *✓* Savings► ► Routing number (first two digits must be 01-12 or 21-32) ► Account number

50 Tax due. If line 39 is larger than line 46, subtract line 46 from line 39. Use Form PV ► 50

20.17

Pay in full. Write Social Security number on lower left corner of check and make payable to Commonwealth of Massachusetts. Mail to Mass. DOR, PO Box 7003, Boston, MA 02204.

(Add to total in Interest line 50, if applicable.) ► *✓* Penalty ► *✓* M-2210 amt. ► *✓* EX enclose Form M-2210

Dept. of the Treasury-IRS

OMB No. 1545-0008

Form W-2 Wage and Tax Statement

200

| | | |
|--|--|--|
| COPY 2 For | 1 Wages, tips, other compensation 651.61 | 2 Federal income tax withheld |
| Employee's State, City or Local Income Tax Return | 3 Social security wages 651.61 | 4 Social security tax withheld 40.40 |
| | 5 Medicare wages and tips 651.61 | 6 Medicare tax withheld 9.45 |
| c Employer's name, address, and ZIP code | GROSSMONT HOSPITAL CORPORATION P.O. BOX 158 LA MESA, CA 91944 | |

| | | |
|---|--|---|
| 7 Social security tips | 8 Allocated tips | 12a |
| 9 Advance EIC payment | 10 Department care benefits | 12b |
| 11 Nonqualified plans | 14 Other SDI | 12c |
| 12 Employee identification number 33-0449527 | 12d | |
| 13 Employee social security number 613-19-0270 | 13 Savings plan Employee plan X | 12e Third check each pay |

a Employee's name, address, and ZIP code

MARIA N. AL-ADHADH
4202 FOURTH AVENUE
APARTMENT 304
SAN DIEGO CA 92103

| | | | | |
|---|---|--------------------------------------|--|-------------------------|
| 15 State Employer's state ID number CA | 16 State wages, tips, etc. 925-0035-4 | 17 State income tax 651.61 | 18 Local wages, tips, etc. 19 Local income tax | 20 Locality name |
|---|---|--------------------------------------|--|-------------------------|

Label

(See page 14.)

Use the IRS label.Otherwise,
please print
or type.Presidential
Election
Campaign
(page 14)

| | | |
|---|--|------------------------------|
| Your first name and initial MGA A. | | Last name AL-Adhah |
| If a joint return, spouse's first name and initial _____ | | Last name _____ |
| Home address (number and street). If you have a P.O. box, see page 14. 4249 village Glen Dr. | | |
| Apt. no. 206 | | |
| City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. San Diego, CA 92123 | | |

Your social security number

613-19-0270

Spouse's social security number

Important!You must enter your
SSN(s) above.

| | |
|------------------------------|-----------------------------|
| You | Spouse |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

IncomeAttach
Form(s) W-2
here.Enclose, but
do not attach,
any payment.

1 Total wages, salaries, and tips. This should be shown in box 1 of your W-2 form(s). Attach your W-2 form(s).

1 **6696** 40

2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.

2 —

3 Unemployment compensation and Alaska Permanent Fund dividends
(see page 16).

3 —

4 Add lines 1, 2, and 3. This is your **adjusted gross income**.4 **6696** 40

5 Can your parents (or someone else) claim you on their return?

Yes. Enter amount from
_____ worksheet on back. No. If single, enter \$7,700.
 If married, enter \$13,850.
See back for explanation.5 **7,700** 006 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-.
This is your **taxable income**.

6 0

Note. You
must check
Yes or No.**Payments
and tax**

7 Federal income tax withheld from box 2 of your W-2 form(s).

7 **435** 69

8 Earned income credit (EIC).

8 0

9 Add lines 7 and 8. These are your **total payments**.9 **435** 6910 Tax. Use the amount on line 6 above to find your tax in the tax table on pages
25-29 of the booklet. Then, enter the tax from the table on this line.

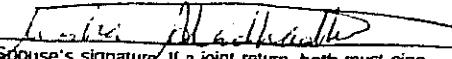
10 0

Refund11a If line 9 is larger than line 10, subtract line 10 from line 9. This is your **refund**.11a **435** 69► b Routing number **322271627** ► c Type: Checking Savings► d Account number **3874938389** **Amount
you owe**12 If line 10 is larger than line 9, subtract line 9 from line 10. This is
the amount you owe. For details on how to pay, see page 22.

► 12 —

**Third party
designee**Do you want to allow another person to discuss this return with the IRS (see page 22)? Yes. Complete the following. NoDesignee's
name ►Phone
no. ► ()Personal identification
number (PIN) ► Joint return?
See page 13.
Keep a copy
for your
records.

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature
Date
3/15/03

Your occupation

Daytime phone number

(858) 627-9543

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

**Paid
preparer's
use only**Preparer's
signature ►Date
_____Check if
self-employed Preparer's SSN or PTIN
_____Firm's name (or
yours if self-employed),
address, and ZIP code
_____EIN

Phone no. ()

California Resident Income Tax Return 2002 540 2EZ

| | | | | |
|---|--|---|------------------------|----|
| Your first name MAHA | | Initial N | Last name AL-Adhadh | P |
| If a joint return, spouse's first name | | Initial | Last name | AC |
| Number and street, PO Box or rural route 9249 Village Glen Dr. | | Apt. no. 206 | PMB no. - | A |
| City San Diego | | State CA | ZIP Code 92193 | R |
| Your social security number 6 1 3 - 1 9 - 0 2 7 0 | | If joint return, spouse's social security number - - - - - - - - - - | | RP |

Filing Status. Fill in the circle for your filing status. See instructions.

- 1 Single
- 2 Married filing jointly
- 4 Head of household. **Stop!** See instructions.
- 5 Qualifying widow(er) with dependent child. (Year spouse died _____.)
- 6 If another person can claim you (or your spouse, if married) as a dependent on his or her return, even if he or she chooses not to fill in this circle. 6
- 7 Number of dependents (Do not include yourself or your spouse) 7

Name: _____ Name: _____ Name: _____

8 Total wages (Form W-2, box 16) See instructions . ● 8

| | | | | | |
|---|---|---|---|---|---|
| 6 | 6 | 9 | 6 | 4 | 0 |
|---|---|---|---|---|---|

9 Total interest income (Form 1099-INT, box 1) 9

| | | | | | |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

10 Unemployment compensation . ● 10

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

11 Add line 8 and line 9.
Caution: Do not include line 10. ● 11

| | | | | | |
|---|---|---|---|---|---|
| 6 | 6 | 9 | 6 | 4 | 0 |
|---|---|---|---|---|---|

12 Using the 2EZ Table for your filing status, enter the tax for the amount on line 11 12

| | | | | | |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

(If you filled in the circle on line 6, **STOP.** See instructions)

13 Nonrefundable renter's credit.
See instructions ● 13

| | | | | | |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

14 Subtract line 13 from line 12. If zero or less, enter -0- ● 14

| | | | | | |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

15 Total tax withheld (Form W-2, box 17) ■ 15

| | | | | | |
|---|---|---|---|---|---|
| 1 | 3 | 8 | 4 | 6 | 0 |
|---|---|---|---|---|---|

16 Overpaid tax. If line 15 is more than line 14, subtract line 14 from line 15 ■ 16

| | | | | | |
|---|---|---|---|---|---|
| 1 | 3 | 8 | 4 | 6 | 0 |
|---|---|---|---|---|---|

17 Tax due. If line 15 is less than line 14, subtract line 15 from line 14 17

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

18 Transfer overpaid tax from Side 1, line 16... 18

| | | | | | |
|--|---|---|---|---|---|
| | 1 | 3 | 8 | 4 | 6 |
| | | | | | |
| | | | | | |

19 Transfer tax due from Side 1, line 17 19

Voluntary Contributions. See instructions. Code Amount

| | | |
|---|--------|---|
| Alzheimer's Disease/Related Disorders Fund | ◀ 52 ▶ | — |
| California Fund for Senior Citizens | ◀ 53 ▶ | — |
| Rare and Endangered Species Preservation Program | ◀ 54 ▶ | — |
| State Children's Trust Fund for the Prevention of Child Abuse | ◀ 55 ▶ | — |
| California Breast Cancer Research Fund | ◀ 56 ▶ | — |
| California Firefighters' Memorial Fund | ◀ 57 ▶ | — |
| Emergency Food Assistance Program Fund | ◀ 58 ▶ | — |
| California Peace Officer Memorial Foundation Fund | ◀ 59 ▶ | — |
| Lupus Foundation of America, California Chapters Fund | ◀ 60 ▶ | — |
| Asthma and Lung Disease Research Fund | ◀ 61 ▶ | — |

20 Add all contributions entered above • 20

| | | |
|--|---|----|
| | 0 | 00 |
| | | |

21 Refund or no amount due. Subtract line 20
from line 18. Mail to: Franchise Tax Board,
PO Box 942840, Sacramento CA 94240-0002 ■ 21

| | | | | |
|---|---|---|---|---|
| 1 | 3 | 8 | 4 | 6 |
| | | | | |

22 Amount you owe. If there is an amount
on line 19, add line 19 and line 20. Mail to:
Franchise Tax Board, PO Box 942867,
Sacramento CA 94267-0001 ■ 22

| | | | |
|--|---|---|---|
| | + | + | + |
| | | | |

Direct Deposit (For Refunds Only)

Fill in the boxes to have your refund directly deposited.

Account Type:

Checking Savings Routing
number

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 3 | 2 | 2 | 2 | 7 | 1 | 6 | 2 | 7 |
| | | | | | | | | |

Account
number

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 8 | 7 | 4 | 9 | 3 | 8 | 3 | 8 | 9 |
| | | | | | | | | | |

Caution: Do not attach a voided check or a deposit slip. See instructions.

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information
on this return is true, correct, and complete. It is unlawful to forge a spouse's signature. 3Sign
hereYou: Heather Alastair Spouse: _____

Daytime phone number (858) 627 9543 Date: 3/5/03

Paid
preparerN/A

| |
|----------------------------|
| • Paid preparer's SSN/PTIN |
| |
| FEIN |
| |

| Copy 2 For | | Form W-2 Wage and Tax Statement | | 2002 | |
|---|---|---|---------|--------------------------------|--------|
| Employee's State, | 3 | 1 Wages (plus other compensation) | 6696.40 | 2 Federal income tax withheld | 435.69 |
| City or Local | | 3 Social security wages | 6696.40 | 4 Social security tax withheld | 415.18 |
| Income Tax Return | 5 | 5 Medicare wages and tips | 6696.40 | 6 Medicare tax withheld | 97.10 |
| e Employers name, address and ZIP code | | GROSSMONT HOSPITAL CORPORATION P.O. BOX 158 LA MESA, CA 91944 | | | |
| 7 Social security tips | | 8 Allocated tips | | | |
| 9 Advance EIC payment | | 10 Dependent care benefits | | | |
| 11 Nonqualified plans | | 12b | | | |
| b Employee identification number | | 14 Other | SDI | 60.27 | 12b |
| d Employee social security number | | 33-049527 | | | 12d |
| e Employee's name, address, and ZIP code | | 13 Disability Retirement Plan X 14 Family Plan | | | |
| MIRIA N. AL-ADHADH 9249 VILLAGE GLEN DR #206 SAN DIEGO, CA 92123 | | | | | |
| 15 State Employer's state ID number | | 16 State wages, tips, etc. | | 17 State income tax | |
| CA 925-0035-4 | | 6696.40 | | 138.46 | |
| 18 Local wages, tips, etc. | | 19 Local income tax | | | |

Form **1040**Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return**2001**

(99)

IRS Use Only—Do not write or staple in this space.

OMB No. 1545-0074

Label

(See instructions on page 19.)

Use the IRS label.
Otherwise, please print or type.

Presidential

Election Campaign
(See page 19.)

| | | | |
|---|--|-------------------------------|----|
| For the year Jan. 1-Dec. 31, 2001, or other tax year beginning | | 2001, ending | 20 |
| Your first name and initial MAHA N. | | Last name AL-ADHADH | |
| If a joint return, spouse's first name and initial | | Last name | |
| Home address (number and street). If you have a P.O. box, see page 19. 4050 THIRD AVE. | | Apt. no. 308 | |
| City, town or post office, state, and ZIP code. If you have a foreign address, see page 19. SAN DIEGO, CA 92103 | | | |

Important!

You must enter your SSN(s) above.

You Yes No Spouse Yes No

| | | |
|---|---|--|
| Filing Status Check only one box. | 1 | <input checked="" type="checkbox"/> Single |
| | 2 | Married filing joint return (even if only one had income) |
| | 3 | Married filing separate return. Enter spouse's social security no. above and full name here. ► |
| | 4 | Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here. ► |
| | 5 | Qualifying widow(er) with dependent child (year spouse died ►). (See page 19.) |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------------------------------------|--|---|--|-------------------------------------|--|-------------------------------------|--|--|--|--|--|--------------------------|--|--|--|--|--------------------------|--|--|--|--|--------------------------|--|--|--|--|--------------------------|--|--|--|--|--------------------------|--|--|--|--|--------------------------|
| Exemptions If more than six dependents, see page 20. | 6a | <input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a | No. of boxes checked on 6a and 6b 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b | <input type="checkbox"/> Spouse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | c | Dependents: <table border="1"><tr><td>(1) First name</td><td>Last name</td><td>(2) Dependent's social security number</td><td>(3) Dependent's relationship to you</td><td>(4) If qualifying child for child tax credit (see page 20)</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr><tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr></table> | | (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) If qualifying child for child tax credit (see page 20) | | | | | <input type="checkbox"/> |
| | (1) First name | Last name | | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) If qualifying child for child tax credit (see page 20) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d | Total number of exemptions claimed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|--|---|--|--------------------------------|----------|
| Income Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld. | 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | \$17,710 |
| | 8a | Taxable interest. Attach Schedule B if required | 8a | |
| | b | Tax-exempt interest. Do not include on line 8a | 8b | |
| | 9 | Ordinary dividends. Attach Schedule B if required | 9 | |
| | 10 | Taxable refunds, credits, or offsets of state and local income taxes (see page 22) | 10 | |
| 11 | Alimony received | 11 | | |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | | |
| 13 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ► | 13 | | |
| 14 | Other gains or (losses). Attach Form 4797 | 14 | | |
| 15a | Total IRA distributions | 15a | b Taxable amount | |
| 16a | Total pensions and annuities | 16a | b Taxable amount (see page 23) | |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | | |
| 18 | Farm income or (loss). Attach Schedule F | 18 | | |
| 19 | Unemployment compensation | 19 | | |
| 20a | Social security benefits | 20a | b Taxable amount (see page 25) | |
| 21 | Other income. List type and amount (see page 27) | 21 | | |
| 22 | Add the amounts in the far right column for lines 7 through 21. This is your total income ► | 22 | \$17,710 | |

| | | | | |
|------------------------------|---|---|----------|--|
| Adjusted Gross Income | 23 | IRA deduction (see page 27) | 23 | |
| | 24 | Student loan interest deduction (see page 28) | 24 | |
| | 25 | Archer MSA deduction. Attach Form 8853 | 25 | |
| | 26 | Moving expenses. Attach Form 3903 | 26 | |
| | 27 | One-half of self-employment tax. Attach Schedule SE | 27 | |
| 28 | Self-employed health insurance deduction (see page 30) | 28 | | |
| 29 | Self-employed SEP, SIMPLE, and qualified plans | 29 | | |
| 30 | Penalty on early withdrawal of savings | 30 | | |
| 31a | Alimony paid b Recipient's SSN ► | 31a | | |
| 32 | Add lines 23 through 31a | 32 | | |
| 33 | Subtract line 32 from line 22. This is your adjusted gross income ► | 33 | \$17,710 | |

Form 1040A (2001) MAHA N ALADHADH

613-19-0270

Page 2

Tax, credits, and payments20 Enter the amount from line 19 (adjusted gross income) 20 18,133.**Standard Deduction for —**

- People who checked any box on line 21a or 21b or who can be claimed as a dependent, see instructions.
- All others: Single, \$4,550

Head of Household, \$6,650

Married filing jointly or Qualifying widow(er), \$7,600

Married filing separately, \$3,800

21a Check if: You were 65 or older Spouse was 65 or older Blind Blind Enter number of boxes checked .. ► 21a b If you are married filing separately and your spouse itemizes deductions, see instructions and check here .. ► 21b 22 Enter your standard deduction (see left margin) 22 4,550.23 Subtract line 22 from line 20. If line 22 is more than line 20, enter 0. 23 13,583.24 Multiply \$2,900 by the total number of exemptions claimed on line 6d 24 2,900.25 Subtract line 24 from line 23. If line 24 is more than line 23, enter 0. This is your taxable income ► 25 10,683.26 Tax, including any alternative minimum tax (see instructions) 26 1,601.27 Credit for child and dependent care expenses. Attach Schedule 2 27 28 Credit for the elderly or the disabled. Attach Schedule 3 28 29 Education credits. Attach Form 8863 29 30 Rate reduction credit. See the worksheet in the instructions 30 300.31 Child tax credit (see instructions) 31 32 Adoption credit. Attach Form 8839 32 33 Add lines 27 through 32. These are your total credits 33 300.34 Subtract line 33 from line 26. If line 33 is more than line 26, enter 0 34 1,301.35 Advance earned income credit payments from Form(s) W-2 35 36 Add lines 34 and 35. This is your total tax ► 36 1,301.37 Federal income tax withheld from Forms W-2 and 1099 37 1,812.38 2001 estimated tax payments and amount applied from 2000 return 38 39a Earned income credit (EIC) 39a No
b Nontaxable earned income 39b 40 Additional child tax credit. Attach Form 8812 40 41 Add lines 37, 38, 39a, and 40. These are your total payments ► 41 1,812.42 If line 41 is more than line 36, subtract line 36 from line 41. This is the amount you overpaid 42 511.43a Amount of line 42 you want refunded to you ► 43a 511.► b Routing number ► c Type: Checking Savings► d Account number 44 Amount of line 42 you want applied to your 2002 estimated tax 44 **Refund**

Direct deposit? See instructions and fill in 43b, 43c, and 43d.

45 Amount you owe. Subtract line 41 from line 36. For details on how to pay, see instructions ► 45

46 Estimated tax penalty (see instructions) 46 **Third party designee**Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following. No

Designee's Name ► Phone No. ► Personal Identification Number (PIN) ►

Sign here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See instructions.

Keep a copy for your records.

Paid preparer's use only

Your Signature Date Your Occupation Daytime Phone Number

Spouse's Signature. If a Joint Return, Both Must Sign. Date Spouse's Occupation Daytime Phone Number

Preparer's Signature Date Check if self-employed Preparer's SSN or PTIN

Firm's Name (or yours if self-employed), Address, and ZIP Code ► KATCO FINANCIAL SERVICE Date EIN 77-0197492

917 EXMOOR WAY Date Phone No. (408) 720-1044

SUNNYVALE CA 940874928

EMPLOYEE W-2 WAGE SUMMARY 2001

0088-B343 000503

VIKO TECHNOLOGY INC
1605-A MARBURY ROAD
SAN JOSE CA 95133

FEDERAL WITHHOLDING EXEMPTIONS 5 0
CA WITHHOLDING EXEMPTIONS 5 0
REGULAR WAGES FOR 2001 8632.80

MAHA N ALADHADH
P O BOX 927226
SAN DIEGO CA 92192
01363

For 2001, you have no payroll adjustments which affected your federal wages (Box 1) or state wages. Therefore, the wages on your final 2001 check statement should be the same as the wages reported on your W-2 statement.

Form W-2 Wage and Tax Statement 2001

Copy C, for employees records

PAYROLLS BY PAYCHEX

| | | | | | | | |
|---|--|---|--|---|---|-------------------------------|---|
| a Control number 0088-B343 | b Employer's identification number 94-2285120 | c Employee's name, address, and ZIP code VIKO TECHNOLOGY INC 1605-A MARBURY ROAD SAN JOSE CA 95133 | d Employee's social security number 613-19-0270 | e Employee's name, address, and ZIP code MAHA N ALADHADH P O BOX 927226 SAN DIEGO CA 92192 | f Employer's name, address, and ZIP code VIKO TECHNOLOGY INC 1605-A MARBURY ROAD SAN JOSE CA 95133 | g OMB No. 1545-0008 | h Department of the Treasury - Internal Revenue Service |
| 13 Statutory employee 12 See Instrs. for Box 12 14 Other CASDI | | 77.69 | 77.69 | 77.69 | 77.69 | 8632.80 | 1096.17 |
| Retirement plan | | Retirement plan | Retirement plan | Retirement plan | Retirement plan | 8632.80 | 535.22 |
| | | | | | | 8632.80 | Medicare wage and tips 6 Medicare tax withheld 125.18 |
| | | | | | | 8632.80 | Allocated tips 8 Allocated tips |
| | | | | | | 8632.80 | Advance EIC payment 10 Advance EIC payment |
| | | | | | | 8632.80 | Dependent care benefits 10 Dependent care benefits |
| | | | | | | 8632.80 | Nonqualified plans 11 Nonqualified plans |
| 15 State CA | | Employer's state I.D. No. 238-5702-2 | 16 State wages, tips, etc. 8632.80 | 17 State income tax 148.48 | 18 Local wages, tips, etc. 8632.80 | 19 Local income tax 148.48 | 20 Locality name |

| | | | | |
|---|---|--|---|---|
| Copy 2 For Employee's State, City or Local Income Tax Return | 1 | as, tips, other compensation 8238.47 | 2 | Federal income tax withheld 646.46 |
| | 3 | Social security wages 8238.47 | 4 | Social security tax withheld 510.79 |
| | 5 | Medicare wages and tips 8238.47 | 6 | Medicare tax withheld 119.46 |

c Employer's name, address, and ZIP code

GROSSMONT HOSPITAL CORPORATION
P.O. BOX 158

LA MESA CA 91944

| | | | |
|---|----------------------------|-----------------|-----------------------|
| 7 Social security tips | 8 Allocated tips | 12a | |
| 9 Advance EIC payment | 10 Dependent care benefits | 12b | |
| 11 Nonqualified plans | 14 Other | 12c | |
| b Employer identification number 33-0449527 | SDI 74.15 | 12d | |
| d Employee social security number 613-19-0270 | 13 Statutory employees | Pension plan | Third-party policy |
| | | X | |

e Employee's name, address, and ZIP code

MAHA N. AL-ADHADH
4050 THIRD AVE
#308
SAN DIEGO CA 92103

| | | | |
|----------------------------|---|--|-------------------------------------|
| 15 State CA | Employer's state ID number 925-0035-4 | 16 State wages, tips, etc. 8238.47 | 17 State income tax 171.5 |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | |

| | |
|--------------------------------------|---|
| 1 Wages, tips, other comp. 839.29 | 2 Federal income tax withheld 69.50 |
| 3 Social security wages 839.29 | 4 Social security tax withheld 52.03 |
| 5 Medicare wages and tips 839.29 | 6 Medicare tax withheld 12.17 |
| a Control Number 127309 HW1 | Corp. Employer use only T 3313 |

Employer's name, address, and ZIP code
HOLLYWOOD ENTERTAINMENT
9275 SW PEYTON LANE
WILSONVILLE OR 97070

| | | | |
|----|---|------------------------|---|
| b | Employer's FED ID number 93-0981138 | d | Employee's SSA number 613-19-0270 |
| 7 | Social security tips | 8 | Allocated tips |
| 9 | Advance EIC payment | 10 | Dependent care benefits |
| 11 | Nonqualified plans | 12a | |
| 14 | Other | 12b | |
| | | 12c | |
| | | 12d | |
| | 7.55 CA SDI | 13 Stat emp. Ret. plan | 3rd party sick pay |

e/f Employee's name, address and ZIP code

MAHA N ALADHADH
4050 THIRD AVE #308
SAN DIEGO,CA 92103-0000

| | | |
|--------------------|---------------------------------------|--------------------------------------|
| 5 State CA | Employer's state ID no. 401-9321 1 | 16 State wages, tips, etc. 839.29 |
| 7 State income tax | | 18 Local wages, tips, etc. |
| 9 Local income tax | 5.21 | 20 Locality name |

CA.State Filing Copy
W-2 Wage and Tax Statement 2001
copy 2 to be filed with employee's State Income Tax Return.